

PSYCHOANALYSIS    AND  
DASEINSANALYSIS

PSYCHOANALYSIS  
EXAMINED AND RE-EXAMINED

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PSYCHOANALYSIS AND  
DASEINSANALYSIS

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TRANSLATED BY LUDWIG B. LEFEBRE



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# PSYCHOANALYSIS AND DASEINSANALYSIS

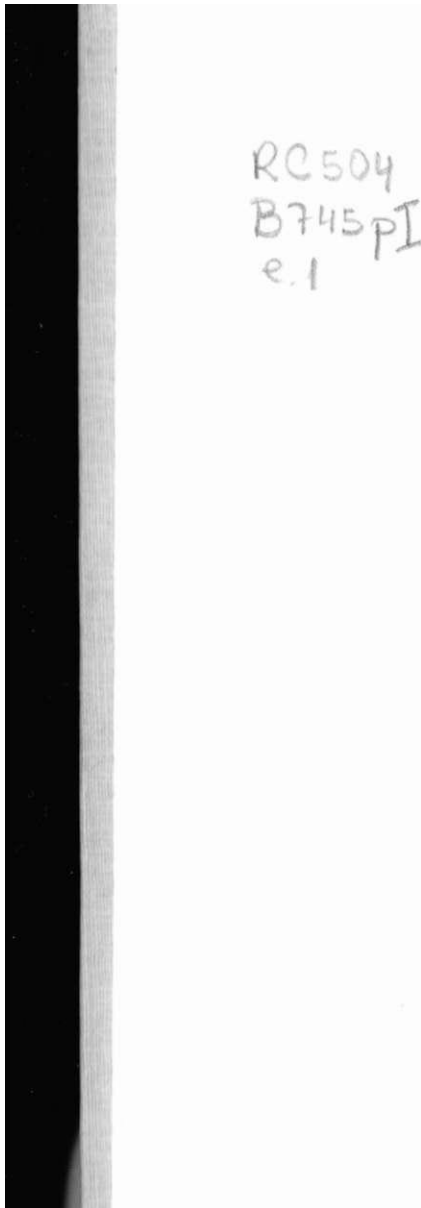
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## PREFACE

In the years 1961-1962, I had the opportunity to visit at Harvard, Yale, the University of California, and the Washington School of Psychiatry. As a result of many lectures, seminars, and discussions and at the urging of various listeners, I decided to put my views into printed form. I first intended to translate my book *Psychoanalyse und Daseinsanalytik* from the German into English. As the work proceeded, however, the book grew until in its English version it is three times as long as the German original. The enormous differences between the American and the European ways of dealing with such a subject made longer explanations inevitable. If this book conveys to its American readers an understanding of the specifically European contribution to psychiatry and psychotherapy in recent times, much of it is due to the never-ending help and advice of Dr. Jurgen Ruesch, Dr. Rollo May, and Dr. Leslie Farber.

I also feel deeply indebted to Dr. Ludwig Lefebre, of San Francisco, who did most of the translation. The presentation of a new psychological and psychotherapeutic approach to readers of a very different culture means much more than an ordinary translation. Painstaking work had to be done and dozens of letters had to be exchanged in order to crystallize all the questions about the Daseinsanalytic approach. I want to express my sincere appreciation for this invaluable help.

*Medard Boss, MD.*

*Zurich*  
*January, 1963*

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# PART I

## THE DASEINS ANALYTIC

## VIEW OF MAN

The similarity between the terms *psychoanalysis* [*Psychoanalyse*] and *Daseinsanalysis* [*Daseinsanalyse*]\* has led to the widespread impression that they refer to competing psychiatric-psychotherapeutic schools. Both, it is said, pattern their procedures on certain chemical analyses, in that they aim to dissolve man into his component parts. It is even claimed that the only other difference between psychoanalysis and Daseinsanalysis is that the former calls its point of departure the "psyche" while the latter calls the same thing "*Dasein*" or "existence."

However, the fact that the procedures sound as if they were related is not a reliable guarantee that psychoanalysis and Daseinsanalysis are even concerned with the same things. Thus there is all the more reason to determine—through careful investigation of

\* *Translator's note:* *Daseinsanalysis*, meaning "analysis of *Dasein*," is the Anglicized version of the German term *Daseinsanalyse*. Boss uses this term to designate his transformation of psychoanalytic theory and practice, basing his approach on (the philosopher Martin Heidegger's *Daseinsanalytik* (which also means "analysis of *Dasein*") as set forth in Heidegger's *Sein und Zeit* (Halle, 1927; *Being and Time*, New York, 1962) and subsequent works.

*Dasein* is a key term in the work of Heidegger and his followers. Its literal translation is "to be (*sein*) there (*da*)" and its popular translation is "existence." Heidegger uses the word in its literal sense, which differs from ordinary German usage. As Heidegger uses it *Dasein* is, in all truth, a new word in the German language. For this reason, and because the only accurate translation—"to be there"—would lie too clumsy, I have decided to use the word *Dasein* untranslated in the present book. *Daseinsanalytik*, the term Heidegger uses for his fundamental-ontological analyses of human being, I translate "analysis of *Dasein*."

their origins, their essences, and their respective practical impacts on psychiatry and psychotherapy—whether there is any connection at all between the two.

At the same time we can also hope to bring some clarification to the shocking intellectual confusion which has come to prevail under the blanket term "existentialism." Representatives of numerous and ever more different, even opposing, conceptions of man's existence have usurped this latest fashionable label of "existentialism" and are now marching, as it were, under this banner. Because the term has become practically meaningless, I have called the present book *Psychoanalysis and Daseinsanalysis*.

We can only hope to find a path out of the hopelessly tangled growth of contemporary "existentialist" thought if we start again

The term *Daseinsanalyse* was originally introduced by Ludwig Binswanger to characterize his method for investigating psychopathological phenomena and to distinguish this method from Heidegger's ontological analyses, *Daseinsanalytik*. (Although Heidegger provided the starting point for Binswanger's work, the latter has recently stated that he misunderstood Heidegger, adding that he hopes the misunderstanding will be a fruitful one. See L. Binswanger, "Daseinsanalyse und Psychotherapie," in *Acta Psycholtherapeutica et Psychosomatica*, Vol. 8, No. 4, 1960, p. 258.)

For clarity I have decided to use "Daseinsanalysis" and its derivative forms "Daseinsanalytic" and "Daseinsanalyst" to designate Boss's approach exclusively. This decision has been facilitated by the fact that Binswanger's method has already been referred to in American publications as "existential analysis." See, for example, *Existence*, edited by Rollo May, Ernest Angel, and Henri F. Ellenberger (New York, 1958), which contains two case histories of Binswanger.



from the clear and unambiguous source of modern "existentialism," i.e., from the fundamental insights of Martin Heidegger's "analysis of */asein*" [ *Daseinsanalytik*].

We shall begin with a case history, in order to demonstrate that it was a patient's needs and not just a personal whim which led me to study analysis of *Dasein*. Many uncommon and favorable circumstances came together in this particular case. The patient was an unusually intelligent and highly cultured woman of English origin. She not only was capable of most accurate psychological introspection but also was highly articulate verbally. She was a physician, a specialist in psychiatry with a great deal of knowledge about European and American psychiatry and psychotherapy. Thanks to her remarkable psychological and psychopathological knowledge as well as her intellectual integrity, her therapist had to summon all his psychotherapeutic skill. He tried every psychotherapeutic approach then at his disposal. Eventually it was she who first succeeded in opening up her psychiatrist's mind for the completely new approach to man called "analysis of *Dasein*."

## A Patient Who Taught the Author to See ana<sup>1</sup> Thinh Differently

### THE CLINICAL PICTURE

The patient, whom we shall call Dr. Cobling, grew up in the rigorously ascetic atmosphere of a sectarian community, characterized by its inordinate zeal for mortification of the flesh and all that appertains thereto. An inexorable self-image, drilled into her since childhood, demanded unremitting self-denial and sacrifice to duty. Under its harsh dictates and by virtue of her exceptional intelligence, a positively indomitable will, and resolute self-discipline, she had managed to work her way up to the medical directorship of an important psychiatric sanitarium. This she had achieved in the face of very considerable external difficulties. For years she had sacrificed herself unstintingly to the service of this institution, the benefits of which were richly enjoyed by others. In the process, however, she had so worn herself down that she was now, at the age of thirty-six—shortly before the beginning of the analysis—on the brink of total collapse. She had, to be sure, suffered since youth from repeated depressive episodes of several months' duration, which had been ascribed, medically, to endogenous disorders. Nevertheless, up to this juncture, she had somehow managed to surmount these without benefit of outside assistance. One year before the beginning of the analysis she had lost her aged father. From this point on she had obviously gone downhill. She withered away still further inwardly, became incapable of any sort of feeling, underwent a sort of spiritual petrification, could no longer think, was unable either to retain or to grasp what she read; she lost all initiative and all capacity to concentrate, and could sit for hours, staring into space, empty of thought and losing all sense of time. She suffered from sleeplessness

and tension. Only with a prodigious effort of will and under the support of powerful sedatives could she manage to half-way struggle through her routine duties. A marked, fine, rapid tremor of the hands and maximal dilatation of the pupils were tell-tale witness to a very high level of anxiety. The patient herself, to be sure, was loath to admit any of this. A strange compulsion toward suicide held her in sway, well-nigh irresistible in its insistence. She was unquestionably in a highly precarious pre-psychotic state. When the analysis started, the sheer effort required to ward off the self-destructive impulses had so exhausted her physical strength that she was barely able to drag one foot before the other.

To begin with, the therapist urged the patient to stop carrying her pride and this violation of herself to such extremes, to acknowledge her inability to work, and to allow herself for once the luxury of inactivity.

On this advice, no sooner had the patient given up her professional activities, thereby relinquishing the last sick vestige of a hold on her erstwhile mode of life, than, as might be expected, the first manifest psychotic symptoms made their appearance. In broad daylight, faces and a welter of grimacing "electric masks" began to whirl past her eyes. At first they bore the features of the sour old welfare ladies who had surrounded her in her youth and to whose company her mother belonged (Figures 1 and 2). Then sinister apparitions of the sectarian preachers she had known so well conjured themselves to torment her (Figure 3). The dance of the grimacing masks grew even more frenzied and chaotic. Figure 4 captures a moment in these wild dervish dances. (Illustrations appear after p. 16.)

However, not only had something very strange and uncanny broken into this patient's *seeing*, but her *hearing*, too, was no longer as before. She made it clear to her psychiatrist that every single sound had taken on an uncanny meaning: the drone of a distant aircraft, the clatter of a motorcycle staccattoing in the streets, the falling of raindrops on the roof, the creaking of the chair as the psychiatrist moved. She kept hearing portents of impending disaster, of some ghastly imminent catastrophe. She would feel the world going into dissolution.

"I can't do anything else but hang on to every sound until it has died away. They consume me, utterly, these sounds. My whole being is concentrated in my ears. I'm so compressed into them that

my ears literally hurt and the temporal and chewing muscles and my neck are tensed as hard as stone." Such was her own description.

Some weeks later the patient complained that there was a whispering of church women in the air. "They are saying," the patient continued, "that I'm bad, that I'm a streetwalker and a whore." The patient tried very hard to defend herself against these severe charges, to the point where she put wax in her ears. But the voices of the church ladies kept the upper hand. Soon she also complained of being persecuted by men.

One night there was a phone call from the patient. She dared only whisper into the mouthpiece. She couldn't speak louder, she explained, because the church ladies had tapped the wires and could listen in. She preferred to write down what was going to happen exactly at midnight, and would put what she had written directly into the analyst's mailbox. The following protocol, bearing the heading "Important Highly Secret Documents," was what he found.

The invasion will be at twelve midnight. And I am prepared. I will stay up. I saw some of their disguised foretroops this afternoon on motorcycles. They were wearing big orange-red glasses like masks.

Who are they? I think they belong to the reds, at least of that category, but coming from out of space. They can make themselves tiny like little lice, to sneak in through cracks in the walls; but I am alert and looking out for them, especially in the corners and under the table. I have already heard some knockings and sounds that are their secret signs. Thus prepared, I looked quite a while into the mirror. My face is dead. That is good. They can believe I am dead, until I get time to see what they are like. Maybe I will join them later. I combed and brushed my hair well. It is a good preparation. Hair protects the head—the brain. When I brushed my hair, I had a faint notion of other faces behind this dead mask of mine.

Now you and the other psychiatrists are trying to prevent me from living out this invasion. You are telling me that it is only my repressed unconscious forces; the others tell me to control my imagination, or ask who I think I am with my megalomaniac ideas.

You stupid fools. It is only that you lack the inner sensitivity to notice their Geiger and Radar systems, or the inner sight (= insight), vision, to see their disguised forms. It requires a certain training. It is like noticing the scorpions immediately you enter a room.

I might join them to draw further out into the world to pro-

claim the power: a power which will invade us, stronger than any usual human brain can even dream of, a billion times stronger than atomic energy.

The short sleep was black compared with this new reality, which, however, has not yet fully developed in all details and to its full extent: the power to penetrate the deepest and hidden secrets of the universe. It makes for a power greater than God's. This is a question for theologians, but they might get some hints. God has started something he no longer has control over. Theologians build up systems of thoughts to save his face; he has voluntarily limited his power by giving man free will; he is in war with Satan, and one day will slay him down in complete destruction, on the day of victory.

But I know something far more important and far-reaching in its consequences. After the completion of the invasion, when the power of the universe can freely be used, then one shall be even greater than God, because one is beyond good and evil. When it invades every inch of us, then we will be powerful and mighty as God—or stronger. The chain reaction will fill us with an energy which up to now has been unknown to human scientists. There will be no necessity for sleep or food.

Is not the power of the invaders dangerous? They are destructive, indeed, and you get destroyed by fighting them. But *they are not intelligent*. Therefore you make friends with them and learn their secrets. That strips them of their ruling power. What this power then can be used for is not yet revealed.

Boss will be told about this, because, although his insight is limited, he has a certain understanding and a willingness to learn and I feel we have certain things in common.

There are still some anemic theologians and church ladies around, trying to find out what this is all about. Therefore I cannot tell so much over the phone. They are tapping the line. It is unnecessary to get into open fight with them at present, as they are already doomed to die.

#### THE PATIENT'S CHALLENGE

At first the psychiatrist had hoped that he could talk reasonably to this very intelligent patient and colleague even in her psychosis, using Dubois's "persuasion" method. He would try to make the patient gain distance from the ugly visual and auditory phenomena by calling them mere hallucinations without any reality. He even went a step further with his rational endeavor and labeled the hallucinations expressions and results of a disturbed metabolism in

the brain tissues. He added that if the patient wanted to see proof of this explanation she had only to examine the very agitated curves of her electroencephalogram.

The patient, much to the amazement of the doctor, simply laughed at all these naturalistic explanations and scornfully shrugged her shoulders. As though, she remarked contemptuously, a single human perception or thought—be it usual or unusual—could ever be intelligibly derived from the physiological processes of the bodily metabolism, from any nerve functions, or from the so-called higher nervous activities which take place concomitantly. How did the doctor, she went on, picture such a transformation of physical processes into mental, immaterial phenomena? Perhaps as some kind of magic evaporation?

Not exactly that, the physician retorted, in order to save face. Rather, the physiological metabolism in the central nervous system and the mental phenomena might be regarded as two different aspects of one and the same thing. Whereas physiology approaches the functions of the central nervous system in terms of space and time, psychology approaches them in terms of various subjective phenomena, which are, however, only *the subjective reflections of physiological processes*. In order to strengthen his position, he went on to compare this subjective reflection with the reflection of the light waves of an external object creating a picture on a photographic plate.

The psychiatrist was rather proud of his scientific explanation, as he had only recently read it in one of the most modern and outstanding textbooks on psychosomatic medicine. Very soon, though, he had to capitulate again because the patient continued, as follows: Of which nature, she asked, would the cerebral cortex have to be in order that—as a material, organic tissue—it could enter into an understanding, meaning-disclosing relationship with the external world? Furthermore, into what should the physiological processes reflect themselves subjectively? Into the consciousness of a subject, perhaps? But what would the nature of such a subject have to be in order to be able to possess a consciousness? And would the doctor be kind enough to explain to her what consciousness is and where he thinks the human consciousness would be found? Somewhere within the head, perhaps, or somewhere else? Was it perhaps this consciousness which he had just compared with a photographic plate? However, has a photographic plate ever been

capable of perceiving that which was reflected on it as the thing which it was?

After this failure of his physiological interpretations, the psychiatrist withdrew completely into pure psychology. He conceded [that his patient's hallucinations were not simply nothing, naturally. They did not, however, correspond to an external reality, but represented only an internal, purely psychic reality, consisting of hidden emotions and tendencies of the patient herself. These internal psychic realities were being projected out of the deep unconscious layers of her psyche and on to external objects.

Unfortunately, the doctor's psychology was treated even worse than his physiological explanation of her psychosis. Furiously she *Hung* at him: "Don't you come with that psychological nonsense again, trying to make fictions of these spies and motorcyclists, to dispose of them as mere hallucinations and projections of my unconscious or some other psychic reality. What do you psychiatrists know of reality anyway? Nothing, absolutely nothing! And then you go ahead and make tidy subdivisions of something about which you haven't the faintest inkling. You prattle about subjective and objective, about an inner, psychic reality and a real reality attaching to the external world, presuming to play one against the other, as though the one were real and the other purely fictitious and hallucinatory. But, what can you actually mean by the very word hallucination when you completely ignore what the so-called non-hallucinatory reality is? Words, nothing but words—and behind them nothing, precisely nothing, no real understanding whatsoever!"

How could the doctor's traditional psychology, in all its frailty, withstand such a frontal attack, consisting of completely incontestable objections, despite the fighter's schizophrenia? For better or worse, the psychiatrist saw himself obliged to undertake a re-appraisal of his whole thinking.

First he tried very hard to find some help by studying the many modern European psychologies which center around the conceptions of a subject or a person. However, nowhere could he find a description or elucidation of the nature of such a "subject" or "person" which would have enabled him to understand the simple fact that his patient could perceive and experience something at all, and this something as something meaningful, whether the experience was hallucinatory in character or not. In other words, the psychiatrist remained as ignorant as before in regard to any real insight

into the possibility of a meaning-disclosing meeting of a subject with an object, or of a person with a thing or with another human being.

Obviously, the physician had to leave all traditional psychologies, all subjectivism and personalism, behind and look at the patient herself. To be sure, he never would have had the courage to do such a simple, seemingly "unscientific," thing if he had not come across the teachings of analysis of *Dasein* just in time and had not been strongly impressed by the fundamental insights into the very essence of human existence contained therein. Now the patient's drawings assumed first place in his thinking. How extraordinarily they had come about! As if without her agency, masks had appeared on a piece of white paper, ugly and diabolic. "They come," the patient had said, "out of nowhere, just suddenly appear, emerge from somewhere behind the drawing paper, and all of a sudden they are there, looking at me. The drawings always start from the mid-point between the eyebrows. After that, at first only the eyes appear. Sometimes there is no contour of a head delimiting these first features from the surrounding universe, or perhaps from the nothingness from which they come."

Second, the doctor recalled the first appearance of her so-called auditory hallucinations. Here too lay promise of a deeper insight into her psychotic condition. She had to key herself to listen intently to every slightest sound, as though a message lay in readiness for her, in the air, foretelling an unnamed horror, something pregnant with disaster. This unutterably dreadful something thronged in upon her, in an ever-mounting surge, impinging exquisitely upon her ear, until at last she consisted of nothing else but ear. The bodily ear and its surrounding area grew painful and became spastically contracted. Actually it was not any particular something, it was a nondescript obtruding ghastliness and an impending vanishing away of everything into nothingness which finally set free the whisper of raindrops taunting her with insinuations of her harlotry.

In all these immediate experiences of the patient, provided we are honest, we encounter not the slightest evidence which would give us the right to assume the actual presence of primary, instinctual representations within the deeper levels of a psyche and to predicate their projection from a sort of intrapsychic container, which we call the "unconscious," outward on to objects in the external world. If we do not, *a priori* and in lieu of observation, make

an assumption of psychic entities in the patient about which (by our own admission) we neither have nor ever can have any knowledge (otherwise we would not be constrained to use the term "unconscious" in referring to them—"unconscious representations," for example, or "the individual and the collective unconscious"), then the reality of the patient indicates something quite other than what psychiatry and psychology would have us believe up until now.

We see that something approaches the patient, addresses her from nowhere and from everywhere, but not out of the inwardness of an individual psyche. This something communicates from beyond the drawing paper, from the high distance of a night aircraft, from the street noises, and from the creaking chair on which the analyst was sitting. Something is sent to her, seeks admission to her awareness and appearance therein. It is something of her future that approaches her, comes to meet her, seeks to be included in her present. This "something" for this patient is pre-eminently the realm of phenomena that reveals itself in the bodily-erotic ways of human relating to the world. True, the prohibiting sectarian church women and the ascetic preachers had claimed admission into the patient's awareness first of all, albeit as so-called hallucinations only. However, precisely because they prohibit, they refer to the very thing which they prohibit, i.e., to the bodily-erotic sphere of human life. As yet the patient had never been able to appropriate these erotic possibilities of loving, to accept them as actually belonging to her own responsible self. Therefore a free relatedness to all those phenomena of our world, most especially to a man as a beloved sexual partner, had remained unattainable to her. From early childhood she had been rigorously trained to alienate herself from these possibilities of relating, which nevertheless constituted part of her existence. They had been designated as unworthy of human dignity, as sinful and dangerous. She had always been called upon to be the sensible, detached, objective one, the dispassionate being wholly engaged in the competent pursuit of goals to be achieved by an ordered exercise of thought. Inevitably the result had been exorbitant overtaxing of her intellectual faculties.

To be; sure, our open and free encounter with certain realms of the human world can be obstructed to a great extent by the pre-emptory dicta of our own obstinate egotism, or by the blind, extrinsic, alien pressure imposed by an inadequate atmosphere in our early environment. But no human being can ever completely

silence the challenge of all that is destined to appear and to come to its being in the light of a given existence. Accordingly, the bodily, sensual realms of the human world which had not been freely admitted by our patient only importuned her hearing and sight and claimed her awareness all the more insistently, albeit in an extremely constrained way. Everything the patient had shrunk from looking at now gaped and ogled at her as "hallucinatory" masks or spied her out in a "paranoid" manner in the innermost recesses of her life.

Heartened by the insights he had gained by these observations, the therapist was able to hazard a fresh approach to the floridly hallucinating and angry patient. He admitted quite candidly to her: "You are perfectly right. There is no sense in granting one reality priority over another. It would be quite futile for us to maintain that this table before us is more real than your motorcycling spies merely because they elude my perception and are perceptible only to you. Why don't we let both of them stand as the phenomena they reveal themselves to be? Then there is only one thing worth our attention. That is to consider the full meaning-content of that which discloses itself to us. If you keep meeting spies at every turn, and a psychiatrist were to attempt to reduce these perceptions to fictitious hallucinations or figments of your imagination, to impute only a psychic reality to them as projections out of your unconscious, then I would have to agree with you completely that he would be talking in quite meaningless terms which are not promoting our understanding of your experiences in the least. For who is able to determine what 'psychic' means basically, and what imagination is, after all? Of what nature are these images of the so-called imaginations or delusions, and where might one expect to find them within a psyche? But perhaps you will agree with me when I say that I see the reality of your spies primarily in what they do. And isn't what they do spying? But spying occurs only as a form of preparation for war; therefore it occurs only where two enemies exist, mutually barred against each other and consequently antagonistic to one another, and where one party wants to annihilate the other or at least to conquer it and bring it under its own dominion.

"How would it be if you were to allow everything there is a right to be, and to hold yourself open to all that wants to come to you, even though the erstwhile structure of your existence were to turn out to be too small and have to be broken asunder and to die? Why not try giving up all this fighting and defending of yourself? Let

the spies come and give them full power to do as they wish, and just see what happens."

#### THE THERAPIST'S DISCOVERY

Thereupon it was quite astonishing to see how completely the patient felt herself understood to the very depths of her inmost being, and what unshatterable confidence she placed in the therapist. Because of this she followed his advice with uncommon energy and perseverance. The church women with their taunts "You street hussy, you whore!" and the spies with their secret weapons—she endured them all with a pious, accepting openness. They tortured her, shot her body through with high voltage electric currents, and sawed off her legs at the knee. She put up with it all out of faith in her therapist.

The psychoanalyst on his part was rewarded by a completely new discovery. First the patient could dream one night that she had to take over the neurological division of a hospital. There she met a little girl who had meningitis. The dreamer was immediately convinced that the only hope of helping the child would be through prolonged drainage of the cerebro-spinal fluid. On waking, the patient, of her own accord, saw a parallel between this dream-drainage and the analytic tap which she was undergoing. Two other points in this dream claimed the analyst's attention. He noted that the one in the dream who was so sick and so in need of treatment was a girl and that, moreover, the sickness was in her head—she was suffering from a meningitis. For the time being he made no comment. However, it was not long before faces of girls began to mingle with the optical perceptions of her waking life, and then they were joined by much younger children with thoroughly healthy faces (Figures 5 and 6).

This offered the therapist a welcome signal to point out the tremendous difference between the distorted, malicious masks of the grownups and the healthy little children's faces, radiating trust and confidence. Cautiously he asked the patient if these small children, who were a joy to see, did not in a way appertain to that part of her world which had remained healthy and happy. Since she was open to *perceive* such normal small children now, could we not assume that, fundamentally, she would be able to *live* also in the

way of a normal, happy little child herself? Since *tb*-<sup>18</sup> way of behaving would perhaps correspond best to her own authentic, undistorted selfhood, how would it be if, in the analysis, she let herself be the little child, completely, without restraint, regardless of everything? If in so doing, she abided by the basic analytic rule to say everything, then the necessary drainage of the sick child in her previous dream could begin and the inflammation of her brain—most probably due to her intellectual overexertion—might disappear, too.

To be allowed to be a little child for once, this was the "open sesame" that flung wide the flood-gates which had so long stemmed back her own true potentialities from expression. It was as if she had been waiting her whole life long for precisely this permission. The entire facade of her former mode of life—the excessively conscientious, work-addicted, goal-striving patterns hammered into her so long—burst asunder, and with the full force of her prodigious vitality there broke through all the small-child urges to suck thumbs and to kick and squeal. At home she began to play with her own excrement, painting enormous sheets of sketch paper with it which betrayed themselves from afar by their smell (Figure 7).

She also smeared her whole body with feces in the bathtub. Quite unprompted she brought with her to the analytic session a baby's bottle, filled with warm sweetened milk. At her request, the analyst was to feed her with this while she lay curled up like an infant on the analytic couch.

For the further course of the therapy, it was vital to allow her completely untrammelled scope in her small-child "acting-out" and to accept her fully and unreservedly, precisely as she showed herself. All would have been lost had the analyst, through the slightest tone or gesture, permitted any intimation of distaste on his part to appear, or had he smiled perhaps a little indulgently over the feeding bottle. Had he done so, he would inevitably have taken over the dire role of those ascetic parents and have deprived her forever of the possibility of finding her way to her own inherent self.

She had a sure feeling that the smearing with feces was, in some magic way, extraordinarily beneficial for the universe. She only wished the menses would come so she could smear with her blood as well. That, she felt, would be the atom-splitting liberation.

If not indeed to the universe in general, this permission to be a little child was of incredible benefit to the patient herself. Hitherto

she had been tormented by almost insufferable headaches, as though the dome of her skull were laid open and the raw, exposed brain wrought with pain. Now her head was free of pressure and felt quite light. She also had, for the first time, a feeling of being at **one** with herself, complete and whole. But this celestial bliss of early infancy lasted only a few days. It was abundantly evident that the therapist's permissive attitude, combined with the virtual redemption vouchsafed her by this beatific infant interim, was beginning to evoke in the patient feelings of love and gratitude for him. Occasionally, when she was sucking her bottle, she would raise her eyes and look at the analyst. At such moments, the warm brightness of a small child lighted up what had been but a glassy vacancy. These feelings involved her directly. They had no bearing whatever on her scientific studies, nor could they be related to the rigidly dutiful altruistic attitude enforced by her upbringing. Hence they could only be felt as something alarmingly strange, dangerous, and even sinful. Accordingly there followed a series of highly painful and disturbing experiences.

She had bought a concert ticket, and on the evening of the performance, while waiting at the streetcar stop on her way to the auditorium, she encountered a sophisticated lady dressed in black. She could feel that woman's disdainful eyes upon her. It gave her an uncanny feeling. She wanted to keep the lady in view, but lost sight of her in the crowd. As she was getting out of the streetcar **she** felt someone pull on her arm. She turned around to see who it was; no one was there. It must have been that diabolical lady in black. In the concert hall, who should sit right next to her but this same lady who had thrown her into such a fright on the way down! The patient was horror-stricken, went quite rigid, and heard practically nothing of the music. As soon as the program had started she was certain that, the very next minute, either this lady beside **her** or the conductor from his podium would release the signal for the annihilation of the world. She fled from the hall with the greatest alacrity. Next day a friend from out of town wanted to visit her, but the patient refused to see her. She felt convinced that the friend was implicated in a plot which aimed at her destruction.

Two days later, the patient went to her usual restaurant. She had to pull on (dark glasses because the supposed malefactors had done something to her eyes and made her quite blind. She had scarcely tasted a bite when she was seized with a cramp in her stomach.

FIGURE 1



FIGURE 2



FIGURE 3



FIGURE 4

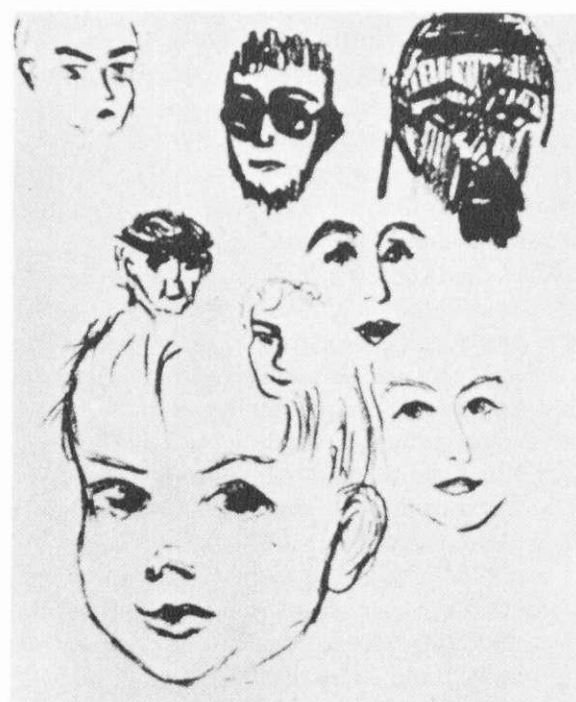


FIGURE 5

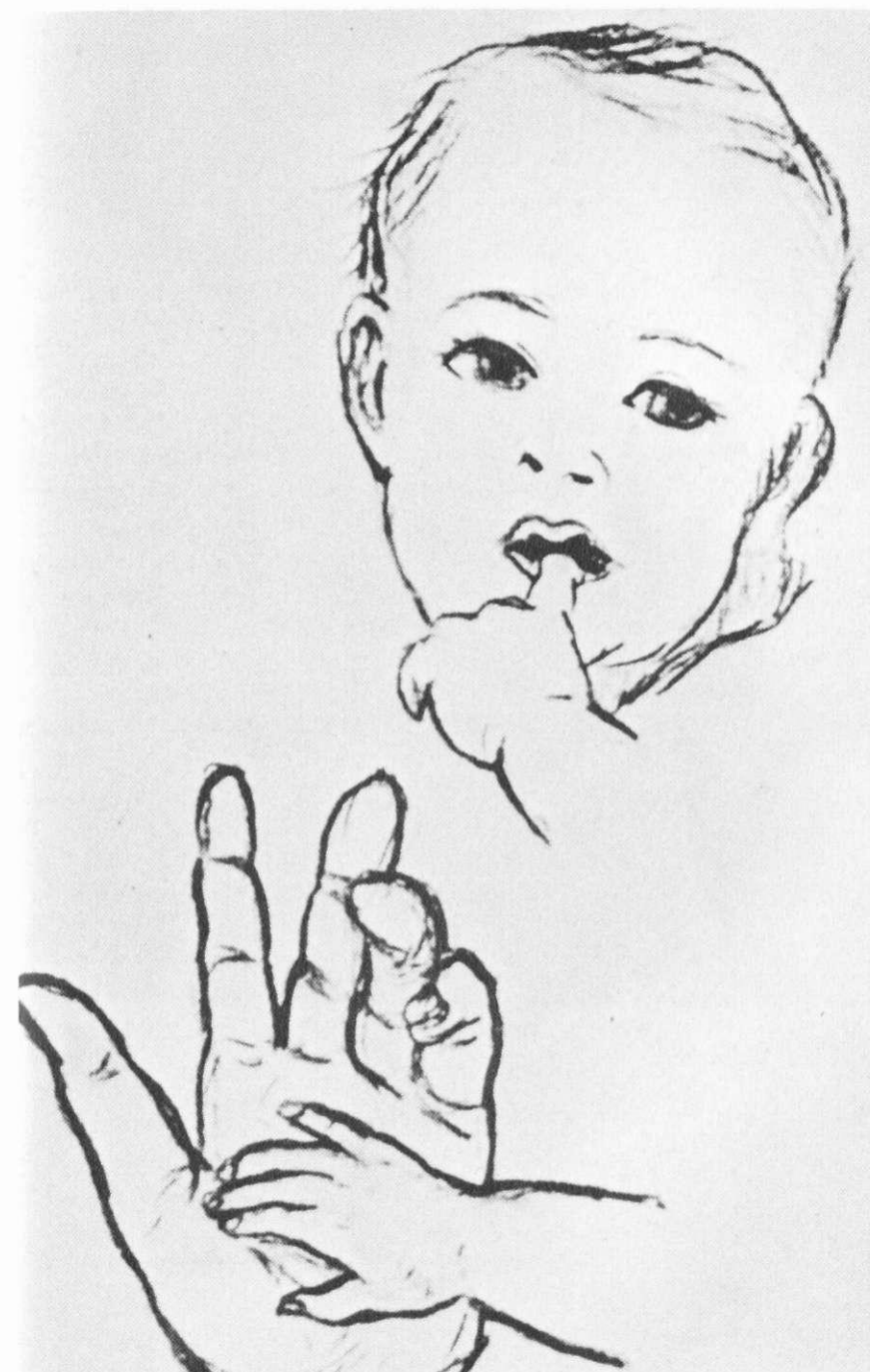


FIGURE 6



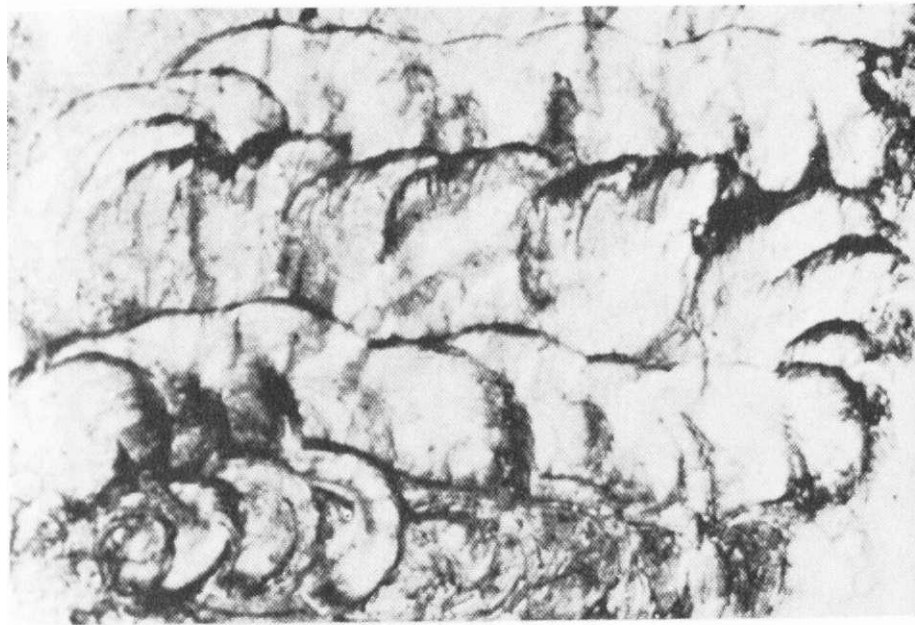


FIGURE 7

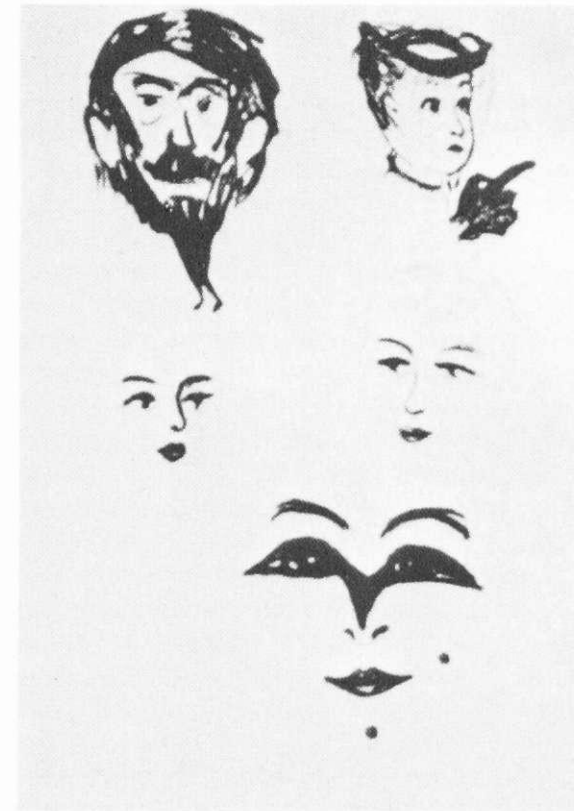


FIGURE 8

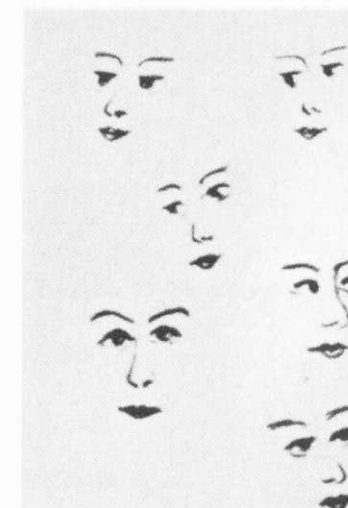


FIGURE 9



FIGURE 10



FIGURE 11



FIGURE 12

This she took as a sure sign that she had been poisoned. Then the mask-apparitions returned. They had left her in peace during the time she was in her infant paradise. Again the analyst urged her to draw the faces. Pretty soon, among the sullen features of the prudish old aunts and the twisted devil faces, there began to appear the first suggestion of a sensuous, seductively beautiful woman, disguised with a black eye mask (Figure 8).

The patient herself had not noticed this new element. The analyst had to draw her attention to this delightfully healthy detail. She excused herself for having overlooked it by saying that none of her drawings really emanated from her, but came, rather, only through her hands. When she drew, she never had a distinct impression in mind which could be transmitted to paper. Rather, she said—thus confirming once again her earlier statements—it was as though the laces flocked toward her from somewhere in the space beyond the white expanse of paper in front of her. Her hand would begin drawing, and the faces would start to appear and to look at her from the drawing pad. She couldn't say where they came from. Patient and analyst together found a name for this beautiful mask: "Carnival Lady." Could it be, the therapist ventured to ask, that in this new face, a realm of life which she had completely shut herself off from was trying to disclose itself (the side, that is, which had to do with those feminine, erotic potentialities that belong to a grown-up woman)? Thereupon she was flooded with hazily defined faces of girls with an open-for-anything look about them, which her hand automatically transmitted to paper; then, to her own amazement, outright strumpet-characters shaped themselves (Figures 9, 10, 11).

As with the earlier small-child manners of behaving, so this present opening of herself to a more mature feminine realm brought the patient, at least initially, an incalculable measure of relief. She felt a tremendous surge of new energy, started making expeditions, attended courses, could read again, was not afraid to talk to strangers, slept at night for nine hours consecutively, without medication, for the first time in twenty years. But the tyrant might of ascetic parental mentality is not likely to acknowledge defeat that easily. And so it was that the patient, after a short five days, began skulking about very timorously, complaining that church Indies were after her again; they were whispering that she was a

stice! hussy and that, the first thing one knew, she would be masturbating in public.

Despite this evidence of resistance (and after a dream in the same session had pointed him the way) the analyst ventured another step.

The patient dreamed that a colleague of hers underwent a series of insulin shock treatments in the course of which she had an epileptiform seizure and then felt particularly well. The therapist reminded her that when she was awake she had often asked to have insulin shock, so that she could have a medically induced seizure—an explosion, but pharmacologically determined—where she could release herself in wild passionate abandonment, provided it were kept non-personal and she herself were exempted of any responsibility in the matter. Why could she not, even in a dream, let herself go for once of her own accord, in an honest-to-goodness raving mad fit? Why was it she seemed to begrudge herself anything more than this substitute, this artificially contrived thing, this surrogate, this artificial insulin shock? And besides, she didn't even yet dare to shoulder responsibility herself for these insulin-induced seizures. She let them transpire outside herself, imputed them to someone else, let her colleague be convulsed by them.

As a lightning reaction to this question came the first impulsive outburst. "Shut up, you fool. I want to shout." Why didn't she do it, then? broke in the analyst. "People would come and would think someone was being killed if I screamed the way I want to," was her retort.

Did she really find it necessary to accommodate herself to that extent to other people's opinions? "Wasn't that being overcareful and a little too considerate?" the therapist asked.

"Yes, actually everything I ever did was only what others expected of me," she admitted. "I never dared act spontaneously, not the way I really felt."

The therapist gave her a little more courage by remarking, "So terribly good, always." Thereupon the patient actually did manage to squeeze out a half-stifled scream.

The therapist dared one final incentive—"Fine! Almost as loud as a real child!"

"Shut up!" she shouted again, this time somewhat more angrily than before. Then, after a brief silence, "I almost feel a bit sexually aroused now."

"Almost?" came back the therapist, incredulously. As answer, she began tossing herself about on the couch. But she had to get up almost immediately, because the analytic session was over.

As she was leaving, she said, "I don't recognize myself any more. Who am I?"

"That's what you came into analysis to find out," replied the analyst.

The patient began the next analytic session two days later with the remark that if she drank from the baby's bottle today (which she had been doing day after day for months) it would mean she was running away from the sexual feelings in her pelvis. "I would like to excuse myself for my behavior in the last session, for having said 'Shut up' to you."

The analyst countered this new apprehensiveness and propriety with the question, "Do you really find such an apology necessary and called for between us? After all, it is I who asks you to be absolutely, unreservedly, open and honest here."

Thereupon the patient gave a great relaxed stretch, and said, "I haven't felt so strong and at one with myself for decades." There had not been a trace of feelings of being influenced, or of auditory hallucinations for the past two days. She had been able to meet people in the street, in restaurants, and in the theater quite naturally and with composure. She even laughed over her "silly rubbish," as she now called her psychotic symptoms. But she laughed far too soon. In the middle of the session her feeling of well-being was abruptly interrupted by a tense, apprehensive silence. After a long pause, she brought out haltingly that she had just felt an urge to strip herself naked and thus to run out into the street. She had been shocked to death by this impulse. "I am going to sit up," she went on. "A horrible feeling comes over me from below. If I sit up I can force it down better. I realize I'm anatomically perfectly normally built down there, but I have the feeling that there's nothing but a disgusting great hole there."

She left the analytic session very depressed and tense. During the night she had to phone the analyst to complain, "There's such a frightful tension in me, it's more than anyone can bear. I just cannot endure it." The physician advised her to get rid of some of the tension by drawing. In a second call later that night, the patient screamed into the phone, "I want to rip my belly open with a big carving knife. I want to slash my arteries and suck my own blood."

Just thinking about it makes my mouth water." The therapist hurried to her without delay. He found her with a distracted expression sitting beside her disheveled bed. She barely noticed his entrance, and was listening intently first here and then there, as hallucinating schizophrenics are wont to do. With the slightest sound she started back in alarm. Eventually she made it clear to the analyst that every single sound had again an uncanny meaning.

The intolerable dread of inchoate disaster and nameless cataclysmic doom called for immediate intervention. "How could anyone get better," the therapist asked reassuringly, "without the old neurotic world collapsing in the process? It is far too narrow and rigid to survive. And if this sort of destruction of the old neurotic prison is happening to you, is that really so dreadful? To be so filled with apprehension as you are, and to hear nothing but death and destruction on every hand, can only mean one is still imprisoned in the error of believing one's own neurotic egocentric world to be the sole possibility of existence and that when this shows signs of cracking, it means the crack of doom. For the real, essential being that is you, what is happening now is very far from being an end. It is merely a change taking place in its way of appearing."

Still somewhat incredulous, but with confidence dawning, she managed a wan smile. But only for a brief moment; then her eye fell on the sanguinary drawings she had strewn about the floor during the night (Figure 12). That shocked her all over again, and she shrank back into herself.

"Oh," observed the therapist offhandedly, "you think you have to be afraid of those bloodthirsty impulses. Well, that's only a second error on your part. Suicide is always only a mistake in seizing the wrong medium. You feel compelled to effect a physical cutting open of your body. You have an urge to see your actual blood run because you don't dare, as yet, to open your heart and let your feelings flow. You don't even trust yourself far enough to admit to either one of us that you like me because I try to stand by you."

These explanations were promptly followed by a tremendous lessening of tension in her. "If you say that, then maybe I can take my nose out of all this filth and breathe a little more freely. But may one really be fond of you? Isn't that asking far too much? If I grow dependent on you, won't I be a burden to you?"

"Doesn't a small child, every newborn child in the world, have a

legitimate right to parental care? And you, who in your inmost being are a little child, don't you have a double right to be cared for, because you were so painfully deprived of what you needed long ago? At the proper time when you were physically small, it was denied you. Wouldn't it be right to abundantly make up for it now?"

In these remarks the therapist drew on biographical material she had given him, which had revealed that her inordinately efficient mother had operated a sort of one-woman hotel. Needy strangers, eighty or ninety at a time, were taken in and cared for in the household. It was only for her own children that the mother had had no time. The patient was reached by this invitation. The following day she brought her feeding bottle with her again and gave herself up once more to being a little child. Her own comment was, "When I am like this then I'm really being myself. Now I don't have any noises and voices in my ears anymore. That was exhausting, though, to have to listen to such a dynamo of sounds from beyond!"

For two weeks not much else happened in the analysis save that the patient lay in a fetal position and was fed with the bottle by the therapist. At night she slept marvelously, eight to nine hours and more of unbroken sleep. "This being permitted to be a small child is like a firm base for me, a solid ground where I can establish myself. If you hadn't made it possible for me last week, I know I would have gone crazy forever. I really do need to have a solid base like this before I can dare to let myself get involved in bigger feelings. And I have to know I can always come back to it if things get too difficult. Or am I going to have to do without it altogether pretty soon, and do I have to grow up?" At this thought the patient's eyes opened wide in horror.

The therapist comforted her immediately. "Don't you bother about growing up. Just allow yourself to be exactly what you are, as fully as possible and for as long as you want. If you follow this advice, the growing up will take care of itself in good time."

Fear faded from her face once more at these words. "Now I am so open and so peaceful. I've never been like this before in my life." At the end of this phase she ended the session by saying with a mixture of amazement and apprehension, "Oh, now those feelings for you are cropping up in me again!"

The following night she had a grossly incestuous dream about her

father. She told it the next day with a casualness and offhandedness that were highly suspect. She went on, what is more, quite abruptly to discuss a medical subject. A few hours later she phoned in a desperate state. "Already when I was leaving today I had an uncanny feeling. When I was talking about those medical things it wasn't I who was there at all. The one who was doing the talking was a huge, strange woman standing beside me. I got lost again in that unnatural role of the grown-up doctor. And worst of all I couldn't see *you* anymore, although you gave me your hand as I left. I had a feeling I had suddenly lost both my father and my mother. I was trying to cheat again, inside me, and to play the big adult. I went into the city after the session to buy some pretty clothes so I could be attractive to someone. But right in front of the shop I wanted to go to, there stood a man. He looked up at the building and wrote something down in a notebook. I know he wrote something about me and about what I was planning to do, and he had to report it to the police. I became terribly frightened and ran helter-skelter back home. Then that awful tension came in my ears again, and in the base of my skull—those excruciating headaches, as though my head would burst. And I hear the dynamo noises again and I've got to listen to every car that drives by to find out what dreadful meaning it has. I'm all tied up in my ears again!"

Helped by his past experience with her, the analyst was able to say to her, "Perhaps those feelings toward me that came over you, and that you had for your father in that dream, and your wish to have pretty clothes and to be attractive, are still far too big and unmanageable for you. I don't think the little girl, who you really are, can yet even begin to cope with such feelings. Perhaps it will be best if you don't do anything, or start wanting to do anything, without first asking the little girl within you if it's all right with her." Hardly had she given herself up to being a child again than the secure feeling was once more there and the psychotic manifestations had vanished.

At about this time, the patient's two-dimensional drawing and painting was replaced by three-dimensional modeling. At first she was continually obliged to model a female figure in the form of a rigid crucifix (Figure 13). Still, as soon as it was finished, it transformed itself (seemingly spontaneously in her hands) into a graceful dancing girl (Figure 14). Over and over, the cross and the dancer contended with one another for *a* place in her world. How

could she solve this conflict in the medium of earthen clay? The solution came only much later in a meditative exercise devised by the patient herself, when she suddenly realized that God pervades everything, even a whore dancer.

But it was to happen again dozens of times that these two opposed phases—the state of the happy, symptom-free child and that of the tormented psychotic—alternated with and followed one another. The pathological phase could be predicted with empiric certainty each time the patient was confronted with the realm of *liar* sensual and emotional grown-up femininity. For instance, the most vehement schizophrenic exacerbation which the patient was to go through during her analysis was anticipated by three dreams foretelling such a confrontation. In her first dream a large cobra was circling about her. "The snake kept coming closer," "like a cat hovering around a bowl of hot milk which she won't leave till she *lias* it devoured. I was terribly afraid. I thought the only thing I *could* do was to jump to escape this circling. I did jump, but the *Miake* then stopped slithering in circles and came right after me. It lunged out at me over and over again, and every time I had to leap into the air. Then it would swish forward underneath me and whirl around in a flash and be after me again. I had to keep jumping into the air to avoid being pounced on. He kept up this game with me until I woke from sheer exhaustion and fright."

The therapist inquired whether it was so surprising to the patient that she was so weary all the time and had no strength for any sort of work, if she had to expend all her energy in this incessant jumping out of the way of the snake—the messenger of the sensual and earthy realm of her world.

"Yes," she continued anxiously, "but wouldn't it be awful if snakes started coming out of me, or if I became a snake myself? Would you be able to tell me then how I should behave?"

"Isn't it perhaps characteristic of you," the analyst intervened, "that even when you imagine yourself as a snake, the first thing that comes to your mind is to ascertain the proper behavior?"

The second dream had to do with the dictator Hitler, who came to her room. He was particularly unattractive to her because of his low forehead, which gave him a doltish, brutish appearance. To make conversation, the dreamer began talking about statistical indices of the incidence of mental illness in Germany. The dream

ended on this note. It prompted the question, why of all possible men only an inferior dictator could be permitted to come into her dream world; on top of that, how curious that the only relationship to him was through a scientific discourse.

"Yes, men are still completely incomprehensible to me," the patient allowed. "I wouldn't dare, for instance, to take dancing lessons. I would be mortally afraid if anyone asked me to dance. And I only feel at ease with my colleagues if I can talk about medicine with them."

In the third dream, the dreamer saw fire break out in a department store. It was the shop to which she had taken her summer clothes to have them brought up to fashion. A few hours after waking from this dream, she broke out in a severe urticaria; it extended over her whole body, but the worst of it centered on the inner surfaces of her thighs. The analyst registered this bodily communication in silence and then recapitulated the dream with the remark, "Something has caught on fire and is burning, something that is related in a way to your feminine wish to be attractive. But first of all it is not you, yourself, who burns with a desire to attract. That would be daring too much. The dream doesn't show you burning, only the department store, i.e., an anonymous something. Secondly, the fire of vitality appears to you only in the form of a destructive conflagration, a danger."

Unfailingly the alternate phase of well-being could be restored by bringing the patient back within the pre-sexual compass of a little child. But this experimenting was far from being a scientific game. It was fundamentally the only and indispensable therapeutic measure by which one could make accessible to her a genuine maturing, a slow assembling of all her life potentialities and their integration into a self-reliant, mature, and independent self. All that was needed was gradually to extend what one asked of her in the way of sustaining these exposures to the onslaught from areas of life native to phenomena of adult love.

In the opening stages of the final phase of therapy a dream appeared which pointed a new direction to the patient. The dreamer entered her house. It was large and spacious, but empty, and looked rather dilapidated and tumbledown. At first the dreamer was very dispirited. Then she noticed that two workmen were busy with renovations. To her enormous surprise she recognized them as no

lesser personages than the artists Michelangelo and Picasso. Now everything was going to be all right, she felt.

Following this dream she ventured in her waking life to take account of her very considerable drawing talent, to regard it seriously and look on it as her best. She started on her training as a sculptress.

She also ventured increasingly to appropriate and make her own those sensual-erotic life potentialities which up until this time had been so dreaded and repelled. It happened much as one sees this happen in every prospering, straightforward neurosis therapy conducted along classical analytic fines. Once again it was a dream that most impressively enlightened the therapist on this development. The patient dreamed, "I am a university lecturer and I am to give a lecture to a class of women medical students on *Amphioxus lanceolatus*. As I come into the lecture room I realize at once that they are all students to whom I have already given my lecture. There is no point in repeating it. I start to laugh, and immediately they are all laughing with me. We all forget about the lecture. A nice warm, cordial atmosphere prevails, and we chat gaily together about sexual life."

It is true that, to begin with, the relation in the dream to even the rudimentary beginnings of sexual life (*Amphioxus lanceolatus* is the most primitive of vertebrates) is still a remote, intellectual, objectifying one, eventuating as topic of a scientific lecture. But pretty soon the patient abandons this old, been-here-before, no-longer-any-point attitude; she relaxes and opens up quite considerably toward the sphere of sexuality.

A year earlier an approach to this area of our world would without a shadow of doubt have precipitated a fresh relapse into severe psychotic hallucinations. Witness thereto is the dream about Hitler, for whom the patient held a lecture, a dream followed by a severe psychotic break. On the contrary, the present dream encouraged the hope that very shortly the patient would be able to relate to the sensual-erotic phenomena of the world in an open and free manner in her waking state also, and that this realm of reality would thereafter appear in the fight of her existence, too, but in the form of the corresponding phenomena of our common everyday world and never again as "hallucinated" things. Seven years of observation have intervened since this dream, and thus far no vestige of schizophrenic symptomatology has reappeared.

Toward the end of her last analytical session the patient asked her physician spontaneously, "Do you know what it was in your treatment which actually cured me?" Immediately she gave the answer herself: "First of all it was the simple fact that you were always available for me, that I could telephone you and come to you at any time, day and night, whenever I found it to be necessary. For a long time I did not believe that somebody actually would always be there for me. Slowly I learned to trust you, because dozens of experiences proved to me that you did not let me down. Only then I dared to live through you, so to speak, until I felt my own strength growing. Out of this trust in your reliability grew an increasing faith in the whole world, as I had never experienced before. Formerly I lived by my will power only, always pulling myself up by my boot strings till I was suspended in the air. The faith in you gave me the courage *to settle down inwardly to the very ground of my existence*. The second but equally important therapeutically efficient factor was your understanding of my paranoid delusions and hallucinations, your taking them seriously. Your knowledge of their genuine value and meaning enabled me to realize the wholeness of my own self and the oneness of myself and the world."

It may be objected that many good psychotherapists and psychoanalysts would have dealt with such a patient intuitively in a similar manner without being acquainted at all with the Daseinsanalytic approach. We do not deny that this may occur, although the author, for his part, would have been completely at a loss with this case if the Daseinsanalytic understanding of man had not come to his aid just in time. At any rate, so far only the Daseinsanalytic insights are capable of providing us with an explicit understanding of why such intuitively arrived at therapeutic techniques meet the genuine needs of our patients better than more traditional ones. By doing so, the Daseinsanalytic understanding of man makes us much more independent of our occasional intuitive glimpses and thus considerably increases the reliability of our treatment.

This fact may well justify our asking the reader now to stay with us as we try to outline the main features of Daseinsanalytic thinking in a more systematic way, even though the respective applicability of each of the outlined steps will only gradually become apparent in the succeeding chapters. We suggest that those readers who do not wish to reflect first on the basic issues read the fol-

lowing four chapters only at the end, or not at all. These readers are advised to go straight to Parts II through IV of this book. They might even restrict their reading to the study of the concrete case histories and still learn something about the Daseinsanalytic approach out of its direct applications as shown in these reports.



## 2

### Outline of Analysis of *Dasein*

#### "SCIENCE" AND ANALYSIS OF *Dasein*

Many contemporary psychoanalysts, both physicians and psychologists, regard it as an imposition if it is suggested that they concern themselves with "philosophy." Their training has taught them to emphasize action; they see no point in wasting time on idle challenges such as being asked to consider the origin and goal of their endeavor. They point to the miracles of modern medicine, to the considerable results of various psychotherapeutic methods. They declare they have no need for philosophizing. Philosophy would merely introduce confusion into successful therapeutic procedures based on exact, empirical "facts."

In all truth, the attempt to re-examine symptoms of illness and methods of treatment in the light of a new understanding of man does not contain an ounce more philosophy than the customary procedure of approaching them from the point of view of natural science. We are so accustomed to the latter approach that we forget that natural science—and every other empirical approach—is based on certain presuppositions. For example, the "pure facts" of natural science are by no means *pure* facts, in the sense that something is this or that as and in itself, independent of a primary, encompassing idea about the nature of all things in the world as a whole. Each "pure fact" of any science at any given age is determined in advance by the prescientific notions of that particular age concerning the fundamental character of the world in general. For instance, the ancient Greeks thought of all that is as "phenomena." The very word "phenomena," however, is derived from *phainesthai*, i.e., to shine forth, to appear, unveil itself, come out of concealment or darkness. During the Middle Ages everything was conceived of as being fundamentally a creation caused and produced by God out of nothing. Today's science rests on an equally prescientific presupposition,

#### Outline of Analysis of *Dasein*

the belief that all things are of the nature of calculable objects. If all science—including the science of healing with all its ramifications—rests on philosophical presuppositions, it follows that it is possible, in principle, to acquire a new and better understanding of man on the basis of new and more adequate suppositions.

There are good reasons to suppose that Martin Heidegger's "analysis of *Dasein*" is more appropriate to an understanding of man than the concepts which natural science has introduced into medicine and psychotherapy. If this could actually be demonstrated—as we hope to be able to do—analysis of *Dasein* may well deserve to be called more "objective" as well as more "scientific" than the behavioral sciences, which use the methods of natural science. We must understand this word in its original and genuine sense. "Scientific" means simply to "bring about knowledge" (*scire*, to know; *facere*, to make). If "scientific" is used in this unprejudiced manner, the claim that the methods of natural science alone can yield precise information becomes unwarranted. We assume, then, that it will be worth a psychoanalyst's while to investigate Daseins-analytic thinking even though he may not be accustomed to such exertion. If Daseinsanalytic thinking actually does come closer to human reality than the thinking of natural science, it will be able to give us something we have hitherto not been able to find in psychoanalytic theory: an understanding of what we are really doing (and of why we are doing it just this way) when we treat a patient psychoanalytically, such understanding to be based on insights into the essence of human being. A deeper understanding of our practices could not but have a beneficial effect on them. In the chapters which follow the present one, we shall attempt to demonstrate in detail that the conception of man inherent in analysis of *Dasein* does indeed fulfill these expectations.

#### THE OPPOSED WORKING PRINCIPLES OF NATURAL SCIENCE AND OF DASEINSANALYTIC PHENOMENOLOGY

It is fortunate that Daseinsanalytic thinking does not require us to accept a ready-made conceptual framework and to learn it by heart. On the contrary, analysis of *Dasein* urges all those who deal with human beings to start seeing and thinking from the beginning, so that they can remain with what they immediately perceive and

do not get lost in "scientific" abstractions, derivations, explanations, and calculations estranged from the immediate reality of the given phenomena. It is of paramount importance to realize from the start that *the fundamental difference which separates the natural sciences from the Daseinsanalytic or existential science of man is to be found rigid here.*

Nobody, perhaps, has yet been able to formulate the basic working principle appertaining to all natural sciences more poignantly than did Sigmund Freud when he characterized the approach of his psychology as follows:

Our purpose is not merely to describe and classify phenomena, but to conceive them as brought about by the play of forces in the mind, as expressions of tendencies striving towards a goal, which work together or against one another. In this conception, the trends we merely *infer* are more prominent than the phenomena we *perceive*.<sup>1</sup>

In sharp contradistinction to this natural-scientific approach to man's nature, the Daseinsanalytic science of man and his world asks us for once just to look at the phenomena of our world themselves, as they confront us, and to linger with them sufficiently long to become fully aware of what they tell us directly about their meaning and essence. In other words, Daseinsanalytic statements never want to be anything more than "mere," if extremely strict, careful, and subtle, descriptions and expositions of the essential aspects and features of the inanimate things, the plants, the animals, human beings, Godhead, of everything earthly and heavenly, just as they disclose themselves immediately in the light of the Daseinsanalyst's awareness. Consequently it would be inappropriate, in principle, to regard Daseinsanalytic statements as "derived" from factors assumed to lie behind that which is described, or to expect that such statements can be "proved" by reduction to imagined presuppositions.

<sup>1</sup> S. Freud, *A General Introduction to Psychoanalysis*, Garden City, N.Y., 1943, p. 60. Trans. by Joan Riviere. Italics added. *Translator's note:* Freud's works will be quoted according to the London *Standard Edition* (SE) whenever possible. The New York (1959) edition of the *Collected Papers* (CP) will also be used extensively. Separate editions of works by Freud (such as the one mentioned above) will be indicated as such when used. All translations in the *Standard Edition* are by the editors James Strachey and Anna Freud and the assistant editors Alix Strachey and Alan Tyson. These translations are often based on earlier translations, e.g., those by Joan Riviere. The majority of the translations in the *Collected Papers* are by Joan Riviere, the rest by James and Alix Strachey. Translators of works appearing in separate editions will be mentioned in the footnotes referring to these works.

Additions by the translator to quoted excerpts from works by Freud will appear in brackets.

This would amount to a disastrous confusion of Daseinsanalytic phenomenology with the natural-scientific working principle. Daseinsanalytic statements differ fundamentally from natural-scientific deductions and explanations. They are at all times "nothing but" references to phenomena which can be immediately perceived, but which, as such, can neither be derived from something else nor "proved" in some way. One cannot "explain," "derive," or "prove" why man has two arms or why hair grows on his head. He could just as well have four or six arms, or wings, and he could have feathers instead of hair. One either sees these features of human existence or one does not (if one's "eyesight" is not keen enough for such perception). Just as no one would dismiss the description of man's having two arms as merely a dogmatic assertion without any proof, simply because this fact can only be seen and can neither be "proved" by, nor derived from, assumed presuppositions, it is as little justified to call Heidegger's insights into the fundamental nature of man's existence dogmatic, unverified assumptions.

Equally unjustifiable are the charges that the Daseinsanalytic approach is "unscientific" or "mystical" just because it is so different from the naturalistic way of thinking of the so-called exact sciences. Apart from the usual usurpation of the term "scientific" by the natural sciences (see p. 29), the Daseinsanalytic approach is faithful to the given phenomena in its own way and has a fundamental strictness in its descriptions and its exposition of their immediately perceived meanings at least equal to the so-called exactness of the natural sciences. If today the label "Daseinsanalysis" or "Existentialism" is also claimed by so many rather obscure, confused, and confusing psychologies, analysis of *Dasein* itself should not be blamed.

Daseinsanalysis starts with the observation of facts so simple that many contemporary philosophers and psychologists, accustomed to complicated speculations, have a hard time grasping them. Analysis of *Dasein* categorically refrains (and all those who try to enter into this way of thinking also have to refrain) from imposing some arbitrary idea of being and reality—however customary or "self-evident"—on the "particular being" we call "man." We must be

\* *Translator's note:* Following a suggestion by Professor William Bossart of the University of California, I translate *Seiendes* as "particular being(s)." Mannheim uses the term "essent," which he coined (see M. Heidegger, *An Introduction to Metaphysics*, New Haven, 1959, pp. viii ff.). More literal translations of *Seiendes* are "that which is," "actuality," and "entity." For a discussion of "particular being" see also W. Barrett, *Irrational Man*, Garden City, N.Y., 1958, p. 189, fn. 86.

able to abstain from forcing man into any preconceived and prejudicial categories beforehand, such as "soul," "psyche," "person," or "consciousness." We must choose a manner of approach which enables us to remain as open as possible and to listen and see how man appears in his full immediacy.<sup>2</sup>

When we teach students of analysis of *Dasein* we best begin by asking them what actually takes place if, for instance, they look out of the window of the classroom and watch the yellow house across the street. Chances are that we will get answers like the following: "First of all, I am here—as a subject—and the house is over there—as an object." Supposedly we do not know what the house is to begin with. It starts out as some indefinite existent. This indefinite something sends out certain light rays which can produce corresponding nerve excitations in the retina of the human observer. From the retina these excitations are conducted to the upper regions of the brain, where they are registered as sensory perceptions. After that they reach the cortex, where they are correctly put together on the basis of memory traces caused by earlier, similar sensory stimuli which in some way exist in the organic "substrate" of the brain cells. This final assembly in the cortex makes it possible to recognize the perceived thing as "house."

We reply to such answers in exactly the same way as our "insane" patient (see pp. 9 ff). Under no circumstances, we insist, could such an answer be squared with the immediately given facts, if only because the process by which nervous excitation is changed into the perception of meaningful connections is beyond comprehension. No matter how far research into retinal and brain processes is pushed ahead, no matter how much more we understand about the physiological functions involved, the magic by which such transformation is accomplished remains dark. Nor can analysis of *Dasein* accept another common answer, the one which maintains that there is a consciousness in the human subject which is capable of climbing out of its subject and over to the object. We would have to reply to this by asking how a subject would have to be constituted in order to possess a consciousness capable of climbing over and out

<sup>2</sup> M. Heidegger, *Sein und Zeit*, Halle, 1927, p. 16. *Sein und Zeit* will subsequently be referred to as *SuZ*. The English translation of *Sein und Zeit* (*Being and Time*, New York, 1962) appeared while the present book was in press. All of our page references are to the German edition, but note that these page numbers are carried in the margin of the American edition.

of itself, and how a consciousness would have to be constituted in order to be capable of such "transcending."

After rejecting such unsatisfactory answers, we may urge our students again just to let us know what they concretely experienced just then when they encountered the yellow house, to tell us how this occurrence actually began. Then at last the students begin to realize that they first saw the yellow house immediately *as* this yellow house. From the beginning, they saw (and understood) that there was a yellow house over there.

The next question we ask is where the students themselves were while they were seeing the yellow house—right here, in the lecture room, perhaps, or within their consciousnesses? We do not rest until we have demonstrated to them that they were deceiving themselves as long as they talked about themselves as subjects at a specific location in space. An unprejudiced observation of ourselves and our world will always show that we are never, to begin with, at some location within a world-container which is independent of us, or within a biological organism that is contained in a body-space and limited by an epidermis. Such observation also shows that we do not reach out to an external world with some sort of psychic feelers, or pseudo-pods, and thereby take possession of it, "cathect" it, *ap-* or comprehend it. It is inconceivable how blind particles and quanta of energy of a body could suddenly see and perceive things as the things they are with all their meaningful connotations. Any experience shows us what the students learn by this questioning: that they did not experience themselves as some kind of subject while they discovered the yellow house; on the contrary, they were consumed immediately in perception of the house with their whole essence, totally congregated in and directed toward what they perceived. As human beings, our primary dwelling is "outside" in the space of action constituted by relations to things, plants, animals, other human beings, ourselves, to heaven or earth in their totality. Actually man is not merely *involved* in his relationships toward a particular being of his world, he does not merely *have* such a relationship among his other properties or abilities. He *is* at any given moment nothing but *in* and *as* this or that perceiving, instinctual, impulsive, emotional, imaginative, dreaming, thinking, acting, willing, or wishing relationship toward the things which he encounters. In other words, man always and from the beginning fulfills his existence *in* and *as* one or the other mode of behavior in regard to

something or somebody. In this sense, man is fundamentally "out in the world" and *with* the things he encounters. His existence is originally a "being-in-the-world," in which this "in" is not to be understood in the sense of "within" a case of empty space but always in its original meaning of being "with" a thing. Man not merely experiences something of this kind subjectively. He *is* there with the particular being he encounters, even if he perceives it as being very remote from him. For only on the basis of an actual being *with* something can man "experience" closeness as well as remoteness.

Only when we start to reflect—and if, in this process, we interpret our own being in the same way as we usually understand the being of the objects around us—can we conclude that man is similar to these objects, a thing like an "ego," a "psyche," or even a "psychic apparatus." In doing so, we are creating an artificial riddle which will continue to remain insoluble. For nobody will ever be able to understand how an apparatus can possibly relate itself in a meaning-disclosing way to an independent external world. At best, we can hide this pseudo-problem by postulating the existence of abstract connecting forces.

#### THE BASIC NATURE OF MAN'S BEING-IN-THE-WORLD

Man's primordial being-in-the-world is not an abstraction but always a concrete occurrence. His being-in-the-world occurs and fulfills itself only in and as the manifold particular modes of human behavior and of man's different ways of relating toward things and fellow beings. This kind of being presupposes a unique openness of man's existence. It has to be an openness into which the particular beings which man encounters can disclose themselves as the beings they are, with all the context of their meaningful references. How else could man relate to things in the sensible and efficient way he actually is capable of if his relationships toward them were not primarily of the nature of illuminating, of disclosing and understanding the meaning of what he encounters, whether this disclosure of the things of his world occurs as seeing or hearing them, smelling or tasting them, feeling them, thinking or dreaming of them, or as handling them unreflectingly?

Contemporary child psychology has shown how crucially important the emotional attitude of the mother is for the newborn

child, more so even than the quantity and quality of the milk it receives from her. If understanding of what is encountered were not of the essence of human nature, this importance would be hard to explain. The mother can be importantly "meaningful" to the infant in this interpersonal sense only if his initial relationship to her is one of opening up and discovering meaning—in this case the meaning of being sheltered or loved by her. Of course the child cannot, as yet, articulate his understanding in thoughts and abstract notions. His meaning-disclosing encounters remain, for a long period of time, of a nature which psychology and biology up to now have tended to describe with such incomprehensible and distorting terms as "empathic," "instinctual," and "reflexive." Nevertheless, they too are fundamentally an understanding and disclosing of the meaning and references of encountered particular beings.

Man's primary and immediate understanding of things as what they are naturally includes the possibility of also misunderstanding them—taking a rope for a snake at first sight, for instance. A possible misunderstanding of something is no argument *against*, but rather one *for*, the designation of man's being-in-the-world as primary and fundamental understanding and elucidating. Even in such a mistaken perception, there still is understanding of something *as* something, though an erroneous one.

On the other hand, it is equally true that man's capacity for such a primary and immediate understanding of a single concrete particular being (e.g., of the yellow house opposite the classroom of the students of analysis of *Dasein*) is based on two essential prerequisites. First, none of the students would ever have been able to perceive that particular yellow house over there as *that* house if they, as human beings, had not moved already in an understanding of the special essence, of the way of being, or of the particular kind of "being-ness" (*cf.* fn. 4, p. 36) which is common to all possible houses in the world. Were it not so, they would not have been able to distinguish it from a tree or a human being, both belonging to different categories of particular beings, each category representing a particular quality of "being-ness." Secondly, the fact that man exists (to phrase it differently) as the possibility of an immediate disclosing and understanding of a certain particular being as *this* being presupposes the still more fundamental understanding that there *is* something at all, against the possibility that there might be nothing at all. In other words, the very essence of man's existence is an immediate and primary awareness of "*Being-ness as such*"

[*primares Seinsverständnis*]. For it is self-evident that without an awareness of "Being-ness as such,"—i.e., of the fact that there *is* something at all—neither an understanding of the special kind of being (the special "being-ness") of a certain category of things nor an understanding of a concrete, particular being belonging to one or the other of these categories would be possible.

This "Being-ness as such," the awareness of which is said to be the most fundamental feature of man's existence, refers to each "is" which we say so easily when stating that this or that thing *is*. This "is-ness" or "Being-ness as such," however, cannot, again, be a particular being. Not even the most refined chemical or physical analysis of a thing will ever find its "is-ness" or this "Being-ness as such." If Being-ness were but another thing, it could in turn be derived from something else, and derivations and regressions would continue *ad infinitum*. If we say, "A thing is," this "is" can never be found as a property among other properties of the thing which we have just observed to be. This "is" is not put on this thing as another thing, like a cap on a doll, for instance.<sup>3</sup> "Being-ness as such" is, on the contrary, that which is totally different from all particular beings. Only because "Being-ness as such" is so fundamentally different from all particular beings does Heidegger occasionally call "Being-ness as such" "Nothingness." But this "Nothingness" is the complete opposite of nihilistic emptiness, and Heidegger himself is anything but a nihilist. On the contrary, the "Nothingness" or "Being-ness" to which he refers is of such immeasurable abundance that it alone is capable of releasing into its being all that is going to be.<sup>4</sup>

<sup>3</sup> M. Heidegger, *Unterwegs zur Sprache*, Pfullingen, 1959, p. 193.

<sup>4</sup> The author has had a great many discussions and has exchanged many letters with Heidegger concerning possible English translations for the three terms which are fundamental to Daseinsanalytic thinking: *Seiendes*, *Seiendheit*, and *Seyn* (the latter spelling sometimes chosen by Heidegger to stress the fact that he is not referring to an object-category, as *Sein* is often thought to refer to). We reproduce a passage from one of Heidegger's letters verbatim in order to show that the unusual term "Being-ness" was not chosen arbitrarily:

"The suggestion to translate (a) *das Seiende* or *Seiendes* as 'being' or particular being,' (b) *Seiendheit*, in the sense of the mode of being of a specific species of things or living beings, as 'being-ness' (lower case), and (c) *Seyn*, as such, as '*Being-ness*' (capitalized) seems best. To be sure, in the sufficient distinction between (b) and (c) the whole road of my thinking is concealed, insofar as one follows its progression through the essence of metaphysics. It is probably not accidental that the 'ontological difference' [i.e., the distinction between (b) and (c) —Translator] cannot be adequately stated in either English or French."

To state that human being-in-the-world is essentially, fundamentally, nothing else but an original awareness or understanding of this "Being-ness as such" is no mere philosophical postulate. On the contrary, it is a truth easily demonstrated. Before we know what Being-ness signifies, we move in a basic comprehension of "is," even as we ask, What *is* being? This does not mean that we are capable at the time of expressing the meaning of "is" in a concept. But how would we be capable of saying "is," and asking what *is* this or that, if we did not have some (if ever so vague) comprehension of "is-ness"? Only because a primary awareness of Being-ness constitutes the original dimension and essence of human being-in-the-world is man constantly able to state that such and such "is." If it were otherwise, we would be even less capable of explicitly posing the philosophical question concerning the meaning of Being-ness. Above all, primary awareness of "Being-ness as such" (if ever so vague) is the fundamental condition for the possibility of being touched and affected by something, be it in a concrete manner or in the way of an emotional experience. It is also the condition for the possibility of conscious or "unconscious," "instinctual," reactions, of the capacity to "grasp" something, be it without reflection (as in the usual handling of tools) or with reflection (as when we obtain a conceptual "grasp" of science). Hence, we dispose of the often-heard objection that analysis of *Dasein* has relevance only for a psychology of consciousness.

Let us repeat that this primary awareness of Being-ness is—as the most fundamental feature of man's existence—*not* an attribute or a property which man has, but that man *is* this primary awareness of Being-ness, that he is in the world essentially and primarily as such. Man, then, is a light which ruminates" whatever particular being comes into the realm of its rays. It is of his essence to disclose things and living beings in their meaning and content. This characterization of man's existence should not be mistaken and dismissed as an imaginative or poetic paraphrase without relevance for the investigations of psychologists and psychiatrists who want to deal only with real or so-called empirical facts. To speak here of a luminating light is by no means a far-fetched intellectual or conceptual abstraction either. It is, on the contrary, a very sober and

"*Translator's note:* My translation is intended to differentiate the quality of "shining forth" from that of "giving light to," i.e., from *iz/uminate*."

direct description of the most concrete condition of man. For how would any perception, understanding, and elucidation of the meaning of a single thing or living being, any appearing and shining forth of this or that particular matter, be possible at all without an open realm of light, a realm that lends itself to letting shine forth whatever particular being may come into its elucidating openness? No wonder that a synonym of "understanding," "perceiving," and "becoming aware"—the word "elucidate"—has its very root in *lux*, or "light." No thing, no psychic apparatus or system of any kind, possesses the least ability to perceive itself, another thing, or, least of all, a human being as what it actually is. Nor has any thing ever had the ability to disclose the context of reference of any of these. Only because man—in contrast to the things he deals with—is essentially an understanding, seeing, and luminating being is he capable of going both physically and spiritually blind. To speak of a blind thing—of a blind rock, for instance—does not make sense.

We need only recall here the statements of the schizophrenic patient (see pp. 11-13) in order to discover the congruency of the descriptions of her immediate experiences and the original Daseinsanalytic characterization of man's existence. Did not our patient tell us, when speaking of her so-called hallucinations, that something approached her, addressed her from nowhere and from everywhere (but *not* from the inwardness of an individual "psyche")? This something communicated from beyond the drawing paper, from the high distance of a nocturnal airplane, from street noises, and from the creaking chair on which the psychiatrist was sitting. Something was sent to her, then, seeking admission to her awareness, and appearance therein. Where there is any appearing and shining forth of something, there must needs be some kind of light and clearance. How else could anything ever have been capable of appearing in the patient's presence if her existence as such, by its very origin and essence, had not been a clearing, of a luminating and elucidating nature? How else could the patient ever have recognized something as this or that if she had not been an essentially seeing and comprehending being, open for that which she was to meet? If one objects that the appearing-something to which we refer was, in the case of our patient, only a psychotic hallucination without any significance for normal people, this objection can easily be rejected. Whether the something which is perceived by a human being is recognizable only for one person—as in the case of so-called hallu-

cinations—or can be seen by everybody alike—as is the case with "normal" perceptions—does not alter the fact that the conditions for appearing, as such, are the same in both cases. Where there is appearance of anything at all, there has to be a realm into which the appearing-something may make its appearance. The hallucinatory nature of our patient's perceptions, then, far from devaluating the Daseinsanalytic characterization of man's existence, gives—on the contrary—further evidence that the Daseinsanalytic description of the basic essence of man's being-in-the-world holds true for all possible ways of existing, be they normal or psychotic.

It is the luminating nature of human being to which the very term *Dasein* alludes, the term Heidegger uses for *human* being exclusively. "*Dasein*" means "being" (*sein*) "there" (*da*). Analysis of *Dasein* takes this meaning literally: man's *Dasein* is the being of the "there." The "there" designates the realm of lumination which human existence is, the realm into which all particular beings may come forth, where they may show themselves, may appear and thus be. "*Dasein* brings its realm of lumination, its 'there,' with it from the very beginning; neither does it actually exist without its 'there,' nor is it this particular being [man] without its 'there.'"<sup>5</sup> Only to a particular being whose nature it is to be luminous can light make accessible—and darkness conceal—what is before it. Because man is the "there of Being-ness"—in the mode of "fighting of Being-ness" [*Lichtung des Seins*]<sup>6</sup>—Heidegger chose the term "*Da-sein*," which clearly expresses the manner of being-ness of this particular being.<sup>6</sup> Synonymous with "there"—the "*Da*" of "*Dasein*"—Heidegger also uses the terms *Welt* (world), *Weltentwurf*, in the sense of *Welt-Erwurf* (the "throwing open of the lightened realm of the world"), and *Welt-Entschlossenheit*, in the sense of *Welt-Erschlossenheit* (world disclosure). *Entwurf* and *Entschlossenheit*, in the sense Heidegger uses these terms, should never be, as they so often are, misunderstood to mean a "projection" by, or the "resoluteness" of, a subject.

Being-in-the-world as the primary awareness—or the lighting—of Being-ness is not an ontological structure existing in some "super world" and "manifesting" itself only now and then in or as man's existence. Being-in-the-world exists only as all the different, concrete

<sup>5</sup> M. Heidegger, *SuZ*, p. 133.

<sup>6</sup> *Ibid.*, p. 12.

#### *The Daseinsanalytic View of Man*

modes of man's behavior in his world and as his relating to the things and fellow men which and whom he encounters. In other words, the very essence, meaning, and content of every single, concrete human relation to a particular being is the disclosure of this particular being. The statement does not refer to anything "besides" or "above" these concrete relationships.

#### **THE** *Existentialia*

The fundamental characteristics of (human) *Dasein*, such as being-in-the-world, primary comprehending, and luminating, are, in the language of analysis of *Dasein*, "*existentialia*." They are to be sharply distinguished from the characteristics of particular beings *other* than *Dasein*, for which Heidegger reserves the term "categories." It is possible—and this has occurred—to misunderstand the *existentialia* in the sense of an *a priori* structure of *Dasein* existing in a supersensual realm of its own. All factual, ontic characteristics of existing human beings would then have to be understood as *a posteriori* realizations of such structures. Heidegger's concern happens to be to overcome this very type of metaphysics. He emphasizes continually that one must not picture the essential condition of *Dasein* (as he has shown it) as something which exists in itself, forms a background, and is of the nature of a design (in the sense of Platonic "Ideas"), a design which has to be deduced, by logical procedures, from observable human phenomena which always fall short of the design itself. On the contrary, the *existentialia* always characterize the immediate "essence" of factually observable, concrete behavior of human beings. *Existentialia*, being nothing other than the very meaning and essence of directly observable human behavior, cannot very well be assumed also to exist in some other way, detached from human existence. Most certainly they do not float in some metaphysical realm of their own.

Being-in-the-world, primary comprehending, and luminating are by no means the only *existentialia*. As, for instance, the meaning-disclosing openness of human existence can only occur by *calling* the particular beings which shine forth into this openness at any given moment that which they are or seem to be, so also human *language* in its deepest meaning has to be regarded as a primordial *existentialium* of human *Dasein* (see pp. 70 and 214-215). At the

#### *Outline of Analysis of Dasein*

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moment, however, the discussion of two others—being always attuned to this or that mood and falling prey to the phenomena as they are comprehended—will contribute even more to our understanding of *Daseinsanalysis*.

As a luminous realm, *Dasein*, as every light, is always attuned in one or another way. Things can come forth into its openness only in consonance with *Dasein's* actual attunement, or "pitch" [*Gestimmtheit*].<sup>\*</sup> Just as the coloring and the brightness of a physical light determine what can be seen by it, so things are always disclosed in accordance with man's pitch. An individual's pitch at a certain moment determines in advance the choice, brightness, and coloring of his relationships to the world. In a mood of hunger, for instance, he perceives totally different things than when he is in an anxious mood, or when he is in love. He also discloses quite different qualities and meaningful connections of the things he perceives in these respective moods. In this sense, all particular beings "need" the luminating nature of man in order to be. Fundamentally, "being" always means "coming forth and lasting." How could any such coming forth and lasting be possible without a lightened realm into which this happening can take place?

However, as things cannot be without man, man cannot exist as what he is without that which he encounters. This is so true that *Dasein* usually understands itself at first, and in most cases, through its encounter with particular beings. It would, however, be a fundamental misunderstanding of the analysis of *Dasein* if one were to infer from this that *Dasein* perceives as external world that which it originally is itself. It is true, Heidegger replies to this argument, that *Dasein* understands itself *as a rule* in relation to what it encounters in the world. This is due to the essential constitution of *Dasein*. For *Dasein*, as awareness of Being-ness and lighting of Being-ness, *needs* the particular beings with whom it exists and whom it encounters. *Dasein* is "thrown" on particular beings as if it were the brightness of a light. Because *Dasein* cannot do without particular beings, because it is "thrown" on encountered particular beings, *Dasein* actually always falls prey at first to the particular beings it encounters, losing itself, so to speak, to them. But then

<sup>\*</sup> *Translator's note:* "Pitch" was chosen in preference to "attunement" (used by W. Brock, *Existence and Being*, Chicago, 1949) because it seems to preserve the qualitative aspect of *Gestimmtheit*, which may mean both "mood" and "being tuned."

*Dasein* very definitely is *not* what it is originally, *not* what it is in itself.<sup>7</sup> A cobbler, for instance, thinks of himself first of all as a maker of shoes. Yet the *Dasein* itself of this cobbler is originally a luminated realm, too, in which world is disclosed, in this case a "world" consisting of the whole frame of references belonging to his shoes.

If things, plants, animals, and fellow men did not enable man to relate to them, how would he be capable of being in the world in the mode of luminating understanding of Being-ness? Not even so-called physical light can appear as light unless it encounters things which it makes shine forth. This means nothing less than that *human* being and what appears in the light of human existence are mutually dependent on each other to such an extent that, for instance, the questions, "What and where were the things before there were men?" and "What will become of the things when men no longer exist?" are completely meaningless in the context of analysis of *Dasein*. Human being, as world-disclosure, and the things which shine forth in the realm of its "there," are so immediately integral that Heidegger can say of the relation between Being-ness and man that this relation supports everything, insofar as it brings forth both the appearance of things and man's *Dasein*.<sup>8</sup>

#### THE PRIMARY SPATIALITY OF MAN'S WORLD

We have stated before that Heidegger uses the term *Dasein* in its literal sense: *Dasein* (literally "there-being") is the being of the "there" (see pp. 39 ff). What is meant by this "there"? It may be best to consider first what the "there" of *Dasein* is *not*. It must not be understood to refer to a specific spot in space. Nor does it refer to the place where my body happens to be. The position of my body does not determine my "there" in space. Actually, an "I" without primary relations to space, an "I" which is not already "there" with the disclosed things from the beginning, an "I" which first has to enter a body and must transport it somewhere in order to be "there" eventually—such an "I" does not exist. The position of a body is, on the contrary, the essential consequence of man's existential spatiality.

<sup>7</sup> *Ibid.*, pp. 58, 175.

<sup>8</sup> M. Heidegger, *Was heisst Denken?* Tübingen, 1954, p. 45.

If we attribute spatiality to *Dasein*, then such "being in space" obviously must be understood on the basis of the mode of being of the particular being which is man. "Spatiality of *Dasein*"—*Dasein* being essentially *not* extant<sup>9</sup>—cannot mean that *Dasein* occurs at some place in the world-case. Nor can it mean that *Dasein* is at hand [*zuhanden*] at a certain place, for both being extant and being at hand are modes of being of objects. Man by no means exists primarily in the segment of space his body happens to fill, limited by its epidermis. To say that *Dasein* is present at the place in space where the body is, is to reveal an ontologically inadequate conception of the particular being which is *Dasein*. Nor does the difference between the spatiality of an extended thing and the spatiality of *Dasein* lie in the peculiarity that *Dasein* knows of space. Taking up space is not only *not* identical with the ability to imagine space, but the former presupposes the latter. It is also inadequate to interpret the spatiality of *Dasein* as an imperfection, due to the fatal bond between spirit and body. *Dasein* is, rather, essentially spatial *because* it is "spiritual." No extended body-thing is spiritual, and for this reason it cannot be spatial in the way *Dasein* is spatial.<sup>9</sup>

*Dasein*'s "there," its spatiality, is grounded in the fact that *Dasein* is essentially world-disclosure. This means that *Dasein*, *qua* existent, has always previously found its world-disclosing sphere of activity. At any given moment, *Dasein* is extended ekstatically within the sphere composed of all its possibilities of relating to the things it encounters and discloses—for example, throughout the whole living room which shows itself in, and is luminated by, *Dasein*'s light as well as throughout the whole realm of references belonging to the things disclosed in this living room. If some special thing in the room is of great interest to me at the moment, if it means a great

<sup>9</sup> *Translator's note*: "Extant" (*vorhanden*) is used to refer "to the world of objects present merely as such, that is, as items." (R. May, E. Angel, and H. F. Ellenberger, eds., *Existence*, New York, 1958, p. 276, fn. 41.) I prefer this translation, by W. M. Mendel and J. Lyons, to others such as "on hand," "present," "before us," "present-at-hand," etc. See the following translator's note.

<sup>t</sup> *Translator's note*: "At hand" (*zuhanden*), the companion term to "extant" (*vorhanden*), is used to refer "to the world of human things, which are present as instrumentalities for existing beings." (R. May, *et al*, *loc. cit.*) See the preceding translator's note.

» M. Heidegger, *SuZ*, p. 368.

<sup>%</sup> *Translator's note*: "Ekstatic" and its noun "ekstasis" are terms Heidegger uses in the literal sense of the Greek original: "standing out into . . ." I retain a spelling which closely follows the Greek spelling in order to avoid misunderstanding. See W. Barrett, *op. cit.*, p. 203.



deal to me, I will probably approach it bodily also. For my body is a partial sphere of my existence "within" my ever ekstastically spread-out *Dasein*. In approaching this thing bodily, I have merely fulfilled my existential closeness to it in regard to the bodily sphere of my existence, a closeness which already existed.

In this existential spatiality of *Dasein*, the closeness or remoteness of the particular beings which are met with corresponds to their existential significance. It is not measured by meters or miles. It is characterized, instead, by the intimacy of our concern for the particular beings which reveal themselves in the light of our *Dasein*, as well as by their power to appeal to us. Within this original spatiality of *Dasein*, a person may be "closer" to a loved one who is in another continent than to the indifferent table at which he sits, although the latter is directly in front of him in measurable space. We call the existential spatiality of *Dasein* the "original" one because measurable space can be derived from it, whereas existential spatiality can never be understood through measurable distances. To give but one example: a certain bridge which I perceive opens up a realm containing many things and places of different existential meaningfulness and closeness to me. But all these places can also be thought of as mere spots between which lies a measurable distance (similarly, the closeness or aloofness between people and things can deteriorate to measurable distances). A measurable distance—in Greek a *stadion*, in Latin a *spatium*—is a space with its own character. It may become a mere interstice [*Zwischenraum*]. If space is represented as mere *spatium*, the bridge appears as an indifferent something which occupies a certain place. It could be exchanged for anything else, or be replaced by a mark. Once space is thought of as being a mere interstice between two spots, these intervals can be measured as height, breadth, and depth. What has thus been abstracted from the original spatiality (disclosed by the immediate perception of the bridge with all its meaningful references) changes into the three dimensions of the *extensio*. Space as extension can again be abstracted into analytic-algebraic relations. Manifold constructions, by means of an infinite number of dimensions, now become possible. One may call these possibilities a mathematical space. But such a space no longer contains places and things of the kind of our bridge.<sup>10</sup>

#### THE PRIMARY TEMPORALITY OF MAN'S WORLD

The original spatiality of *Dasein* is closely related to man's original temporality. Indeed, spatiality can be fully understood only on the basis of temporality. For "being" always means being "present" within the "there," within the luminous realm of Being-ness which is man's existence. Presence is derived from *praeesse*. *Praeesse* implies both "emergence" and "sojourn," and both of these imply "lasting." Something can last only on the basis of "time." For this reason, Western philosophical thought has ever since its beginnings implicitly related the deepest essence of Being-ness, including the essence of human being, to temporality. By the same token, Heidegger's title for his main work—*Being and Time*—underscores the fact that he is asking the fundamental ontological question concerning the meaning of "Being-ness as such."

Man as a being is present [*ein Anwesender*] and he lasts [*ein Währender*], he is a temporal being. This does not mean that the particular temporality of *Dasein* can be deduced from what is commonly called "time," i.e., from the velocity of the moving stars, from other natural occurrences, or from the turning of the hands of a clock. Far from it. Man's original temporality is as little an item existing by itself and outside of man as his original spatiality. Original time is no external framework consisting of an endless sequence of "nows," on which man eventually can hang up and put into proper order his experiences and the events of his life. Man's temporality is not but *is emerging* [*zeitigt sich*], as the unfolding and coming forth of his existence. Man's original temporality always refers to his disclosing and taking care of something. Such original temporality is dated at all times by his meaningful interactions with, his relating to, that which he encounters. Every "now" is primarily a "now as the door bangs," a "now as the book is missing," or a "now when this or that has to be done." The same holds true for every "then." Originally a "then" is a "then when I met my friend, some time in the past" or a "then when I shall go to the university again." Every "now" and every "then" refers to a man's caring for something, and it lasts as long as this caring-for lasts. There is, for example, a "now during the interval in the theater" or the "then while we were having breakfast." Man carries out his existence in such caring for what is disclosed to him. He lasts from his past

through his present into his future in letting things come forth and shine into the luminating realm of his existence, in caring for them in one way or the other. Existing in such a way, he is consuming *his* time. Because man's original temporality thus consists "only" in such an occurrence, i.e., *as* the consumption or the carrying out of his existential potentialities, he can know short and long hours, depending on whether his existence is intensely fulfilled at a given phase of its unfolding or is not. Also based on this original, existential temporality are questions such as the one addressed to a friend whom one is reluctant to see depart: "Can't you stay for another cigarette?" The insight into this original temporality of human being (as well as the insight into original spatiality) is of paramount importance for the understanding of otherwise unintelligible "time"- (and space-) phenomena in many dreams, in experiences of schizophrenic patients and drug addicts, and so forth.<sup>11</sup>

Original temporality always refers to a meaningful caring for something or disclosing of something—i.e., to the concrete happenings as which the unfolding (and coming into being) of man's own existence actually takes place. In a first step toward the leveling down [*Nivellierung*] of this original temporality, man can refer his time to the course of the sun. The sun is equally accessible to everybody. In this case, *Dasein* gives itself its time, and dates itself, by the "then when the sun rises, has risen, or will rise or set." Any of these "thens" will mean that it is time to do this or that. The span of the day's brightness can now be divided into as many equally small stretches of time as one likes. By referring time to, and dating it from, a publicly known astronomical event, everybody is able to make identical calculations. We need not even refer to the sun's course directly. There is the wandering shadow of the sun, used in sundials. Thence to modern chronometers is only a comparatively short step. Finally, original temporality is transformed into watch time or world time, i.e., to a method of dating, a public measuring of time which is accessible to everybody in the same way. Time becomes a mere sequence of indifferent "nows," even though these indifferent "nows" are ultimately derived from man's temporality, which refers to specific happenings of his own existence. This is the reason why this temporality is called "original." The more so because the process cannot be reversed: it is impossible to create a

See M. Boss, *The Analysis of Dreams*, New York, 1958, pp. 189 ff.

meaningful, existential "now" out of the sequence of indifferent "nows" of clock time.<sup>12</sup>

Now it is possible, at last, to gain a perspective of the fundamental condition of human existence, to see the connection between its three essential dimensions. We summarize: *Dasein* grants itself its original *spatiality* in its relations to the phenomena which show themselves in the *light* of its essence. In such *opening-up of space*, *Dasein* unfolds its existence, "*consumes*" its time, i.e., it emerges. Without man's existence, unfolding its own temporality and spatiality, there would not be a lighted realm, a "there" into which particular beings can come forth, can appear, and actually come into their own being. There can be no appearance—no "phenomenon" (from *phainesthai*: to appear)—without a light.

#### MAN'S FUNDAMENTAL ENGAGEMENT

Comprehension of the *existentialia* and of the spatiality and temporality of man's world helps us achieve some of the basic Daseinsanalytic insights into the nature of man's being-in-the-world. Yet these insights constitute only the very beginning of an understanding of man's existence. Analysis of *Dasein* regards man's unique way of being-in-the-world solely as the necessary presupposition and precondition for a really human existence. Man seems so constituted not just for his own amusement. Man's existence seems claimed by Being-ness as the necessary clearing into which all that has to be may come forth and within which it may shine forth. For everything that can come forth needs a realm into which it can do so. Man is well equipped to be this realm. His task seemingly is to be both "servant and shepherd of Being-ness."<sup>13</sup> This means that man must responsibly take over all his possibilities for world-disclosing relationships, so that whatever may show itself in the light of these relationships can come forth into its being to the best possible extent. In other words, man is to accept all his life-possibilities, he is to appropriate and assemble them to a free, authentic own self no longer caught in the narrowed-down mentality of an anonymous, inauthentic "everybody." Man's freedom consists in becoming ready

<sup>12</sup> M. Heidegger, *SuZ*, pp. 17, 329, 408-409, 412-416, 426.

<sup>13</sup> M. Heidegger, *Über den Humanismus*, Frankfurt, 1947, p. 29.

for accepting and letting be all that is, to let it shine forth in the world-openness *as* which he exists.

How else could it be possible that man is reminded of this task by his conscience, whenever he does not fulfill it? This call of conscience, these feelings of guilt, will not give him any peace until he has borne out all his possibilities in caring for the things and fellow men of his world. As long as man lives he is essentially and inevitably in debt [*Schuld*]" in this regard. For he is always and necessarily in arrears, as far as carrying out his world-disclosing possibilities of living are concerned. He is in arrears in two ways. First, finite man can exist only in one of the world-relations of which he is constituted at any given time, and all other possibilities of caring for something remain unfulfilled at that moment. Second, man's whole future waits for him. Until the moment of his death, new possibilities for world-disclosure approach him from his future—possibilities which must be taken over, whose fulfillment he still owes. All actual, concrete feelings of guilt and pangs of conscience are grounded in this existential "being-in-debt" [*Schuldigsein*] toward his whole existence, lasting all through life, no matter how grotesquely they sometimes appear, and how far from their source they may have been driven in various neurotic conditions.<sup>14</sup>

\* *Translator's note:* *Schuld* means both "debt" and "guilt." This dual meaning should be kept in mind.

<sup>14</sup> Cf. M. Boss, "Anxiety, Guilt, and Psychotherapeutic Liberation," in *Review of Existential Psychology and Psychiatry*, Vol. II, No. 3, 1962. See also pp. 461 ff. of this book.

### 3

## The Most Common Misunderstandings about Analysis of *Dasein*

A summary of a philosopher's life work amounts at best to an incomplete sketch of his understanding of man and mankind. If we have successfully traced the way of thinking of analysis of *Dasein* (albeit modestly), much must be owed to Martin Heidegger's untiring personal help in compiling the foregoing summary.

Simple as the Daseinsanalytic discoveries are, the dangers of misunderstanding them are manifold. For many centuries, the Western mind has been trained to objectify and reify everything—including human existence—so that it is not well prepared for the Daseinsanalytic insight into the unobjectifiable nature of man. To change to the Daseinsanalytic way of thinking and looking at things means nothing less than to break a habit that is two thousand years old. There are five main possible misconceptions originating in this old habit, all of them closely linked with one another: (1) the allegorical, (2) the idealistic, (3) the Platonic, (4) the subjectivistic, and (5) the egotistical.

### THE ALLEGORICAL MISCONCEPTION

We have already pointed out (and we will have to come back to it again) how those who want to spare themselves the mental effort of thinking to the very basis of human existence inevitably end up with the erroneous conclusion that the characterization of human existence as "realm of world-openness" is either unreal poetry or an abstraction, without any relation to the concrete, specific patterns of human behavior with which the sciences of psychology and psychopathology are concerned (*cf.* pp. 37-40). A similar misunderstanding of man's definition as being the lighted opening occurs if

it *is* understood as a mere simile or an allegorical comparison, such as a clearing in a wood. Again we have to emphasize that the expression "world-openness" aims best to describe man's fundamental nature itself, directly and immediately and without using any metaphor. Therefore, analysis of *Dasein* does not cling at all to any particular term. It is ready to use any other expression that would describe the basic, luminating feature of human existence, provided it is more adequate than the terms we have used.

#### THE IDEALISTIC MISCONCEPTION

Analysis of *Dasein* sometimes is thought to maintain that the particular beings which shine forth and come to their being in the luminating realm of man's *Dasein* are produced and created by man's mind and exist only as contents of his ideas. This would be as absurd as to state that the light I turn on in a darkened room to make its furnishings visible "produces" these furnishings. Nor does the preferred place that human *Dasein* holds, in Heidegger's view, have anything in common with schools of thought which hold that the meaning of all particular beings is created by the perceiving subject.<sup>1</sup> The Daseinsanalyst sharply rejects those interpretations which claim that in the perception of what is at hand, we experience an amorphous something extant at first—a *factum brutum*—that only later appears to us *as* an animal, *as* a house:

To claim that such is the case, amounts to a "misunderstanding" of the function of disclosure, [which is] the specific function of interpretation. To interpret does not mean to throw a "meaning," as it were, over the extant in its bareness. It does not mean affixing some value unto it. What is encountered in the world always appears in a context, which the understanding of world as such discloses.<sup>2</sup>

On another occasion, and no less energetically, Heidegger opposes the idea that man never has access to particular beings themselves, that he perceives them only through specific "designs" or projects, as if the meaningful connections of which "world" consists were a network with which the human subject overlays a merely extant

<sup>1</sup> M. Heidegger, *SuZ*, p. 14.

<sup>2</sup> *Ibid.*, p. 150.

material. There, too, and in sharp contradistinction to Sartre's school of existentialism as well as to Ludwig Binswanger's subjectivistic revision of the "Daseinsanalytic" approach, Heidegger expressly mentions man's *immediate* ability to understand himself and what he encounters (i.e., things and other human beings) in the unity of the "there," in the world-openness of his horizons. Man exists in the mode of being expanded into the whole realm of his luminated horizons, and this justifies analysis of *Dasein* to speak of man's very nature as being of an ekstastic character, i.e., as "standing out" into the world-openness.

An equally grave error, however, would be to imagine that the things which the luminating nature of man clears up and makes shine in their meaning are in themselves somewhere, independent of man's existence. Man's awareness, his elucidating nature, would then be a purely subjectivistic experience without any primary meaning for, and impact on, the coming-into-being of the objects which may or may not enter the realm of world-openness. Far from being of such a primary egotistical, subjectivistic concern only, it has to be repeated (*cf.* pp. 41-42) that man and what appears in his light are mutually dependent on each other for their very being.

#### THE PLATONIC MISCONCEPTION

No less a philosopher than Jean-Paul Sartre has officially proclaimed that Martin Heidegger's descriptions of human being refer only to purely abstract, so-called "ontological" structures of human existence. He has further stated that these "ontological" structures belong to a completely different realm than to the level of the "ontic" givens of human behavior (the actually observable, concrete actions) with which psychology deals. Sartre has even gone so far as to declare that there can be no communication between the two realms. Accordingly, he speaks of "two incommunicable levels"<sup>3</sup> and believes that each level's problems demand separate solutions.

Quite to the contrary, each of man's concrete ways of handling something or of his becoming aware of something is inherently and essentially luminating and world-disclosing. Let us return to the

<sup>3</sup> J.-P. Sartre, *Being and Nothingness*, New York, 1956, p. 248. Trans. by Hazel E. Barnes.

example of the cobbler (p. 42) for a moment. This man's completely unreflecting, "automatic" taking of his hammer in his hand to repair a shoe would not be possible at all if *Dasein* were not of the nature of world-disclosing openness. If the cobbler's existence as a whole were not basically a ruminating realm, he could never have become aware of a particular thing as being—e.g., a hammer, suitable for repairing a shoe. Although he did not reflect on the hammer's meaning at all or in any way, but made use of it "automatically," "reflexively" only, it was *in* and *as* this meaningful action that his existence in all its fundamentally luminating character came to pass, showed itself directly, took place at this particular moment as his ability to use the hammer as the tool it is.

The example of the cobbler demonstrates one of the fundamental insights of analysis of *Dasein*: the very essence of each particular, observable action or perception of man lies in the fact that every one of them is, as such, of luminating character. When we speak, in analysis of *Dasein*, of luminosity, we always have concrete actions or perceptions in mind, such as the ones in our example. It is clear that concrete, observable actions and perceptions belong to the same realm that psychological and psychopathological investigations deal with. It follows that the claim of Sartre and others is false—that is, the claim that the phenomena with which analysis of *Dasein* is concerned belong to a different level than the phenomena which are the subjects of psychology and psychopathology.

Sartre's distortions of the Daseinsanalytic findings are due to his preconceived belief in a neo-Platonic philosophy which differentiates between a world of "ideas" and the "physical" world we perceive with our sense organs, a differentiation Daseinsanalysis explicitly rejects. For all so-called thinking, perceiving, feeling, acting, and so forth are the different modes in which *Dasein*'s luminating takes place. The fact that *Dasein* exists as these concrete and directly observable modes of behaving and relating to what is encountered is no justification for postulating different levels, worlds, or anything else to correspond to these modes. Unfortunately, Sartre's fundamental error has led to a widespread misunderstanding of analysis of *Dasein*, because for a long time Daseinsanalytic thought was accessible in French and in English only via references, in the works of Sartre, to Heidegger's descriptions of man's existence and his being-in-the-world.

#### THE SUBJECTIVISTIC MISCONCEPTION

The fourth misunderstanding occurs whenever students of analysis of *Dasein* stop thinking as soon as they have learned the first, merely preliminary, and purely formal characterization of *Dasein*, imprecise as yet as to content—i.e., its designation as "being-in-the-world." To stop there is completely to miss the essence of analysis of *Dasein*. As early as the introduction to *Sein und Zeit*, Heidegger himself called this formula only a first and provisional approach.<sup>4</sup> He stated that all understanding of human existence would depend on a careful elucidation of the specific *nature* of this being-in-the-world. The whole book, so fundamental for all modern existential analysis, aims solely at such an elaboration of the particular nature of man's being-in-the-world. This being-in-the-world of man is first described there as "primary awareness of Being-ness," and later on more fully elaborated as being the realm of light in which all appearance takes place. Unless this *qualitative* designation of being-in-the-world is constantly kept in mind, being-in-the-world is cut off from its life-giving source, isolated, and left in a vacuum. Then being-in-the-world becomes an empty shell, an imprecise definition without character of any kind. As such, it no longer has anything in common with Heidegger's analysis of *Dasein* except the term itself. No wonder that such a subjectivistically misunderstood *Daseinsanalyse* suffers also from an absolute sterility as to new therapeutic stimuli. For this "castrated" kind of analysis of *Dasein*, the criticism of A. Mitscherlich and others holds only too true: that Daseinsanalysis gains access to the unity of human existence only at the price of losing all psychotherapeutic possibilities.<sup>5</sup> This same judgment, however, gives evidence—as already shown in our case study in Chapter 1 and as will be demonstrated in still more detail in the following chapters—of a complete ignorance of the undistorted and full content of analysis of *Dasein*.

Once such misunderstanding occurs, it is inevitable that traditional subjectivistic conceptions push aside the real meaning of being-in-the-world. Being-in-the-world is then pictured as a property, or as a character trait, of a subject "in" whom this property resides or who "has" it. In such cases, the meaning of man's being-

<sup>4</sup> M. Heidegger, *SuZ*, pp. 53, 133.

<sup>5</sup> A. Mitscherlich, "Probleme der Psychosomatik," in *Psyche*, Vol. XV, 1961, p. 99.

in-the-world (in Heidegger's usage) must necessarily change. Being-in-the-world turns out to be merely a somewhat wider and more useful version of the concept of subjectivity. It remains conceptually within the traditional frame of reference of the subject-object dichotomy. Sometimes this subjectivistic misunderstanding of the Daseinsanalytic characterization of man's *Dasein* goes so far as to call Daseinsanalytic existentialism a "subjective psychology"; this really makes the confusion in modern existentialism complete, and any possibility of increased understanding of man is lost from the outset. All that happens is that the traditional conception of subjectivity has been endowed with a new attribute, namely, the capacity for being in the world. Subjectivity, the bearer of this new property, remains as usual in the background as an unknown *X*. The nature of this attribute (i.e., the problem of how *X* is capable of actually being in the world, of climbing out of the immanence of the subjectivity and over to the things of the world) remains completely indefinite. The difficulties which stem from a misinterpretation of being-in-the-world as subjective—i.e., the problem of the relation between object and subject and the problem of how to bridge the gap between them—do not even arise (or are eliminated as such) if we actually see *Dasein* as the luminous realm of Being-ness.

If one does not lose sight of this crucial fact, he does not need C. G. Jung's "archetypes," either, to help *Dasein* with his being-in-the-world, as do so many who have fallen victim to a subjectivistic misunderstanding of the Daseinsanalytic approach. Jung thought he had to assume archetypal structures in every subject's psyche to account for the independent occurrence of the same phenomena here and there, now and in the past. He even believed he had "proved" the existence of such archetypes by, e.g., the observation that one of his patients dreamed of an apparition which corresponded perfectly to the "primitive" and "archaic" image of a "pneumatic" divine being, in spite of the fact that the patient could not read Greek and was not familiar with mythological problems. Far from being proof for the existence of anything within a subject, these phenomena simply give evidence of the fact that it pleased the Divine to show Itself to the archaic individuals of past ages in the same fashion as It may appear to some dreamers of the twentieth century. Both times it is but the question of the immediate revelation of the Divine in the light of a *Dasein* who—without having any

archetypes in store—is open enough for the immediate appearance of the Divine.

#### THE EGOTISTICAL MISCONCEPTION

The fifth objection avers that analysis of *Dasein* is concerned only with the elucidation of an individual's own existence and its own relation to the things of his world, that it cannot account for man's possibilities of interpersonal relationships. However, the primary world-openness of human *Dasein*, apart from discovering extant things, discovers beings who not only are completely different from things but who are in the world in the same way as I am—that is, as *Dasein*. Other men also exist along with us. It is important to realize what "other," "also," and "with" mean in this context. "Other" does not mean "all the rest except myself," i.e., those from whom I am set off. The others are, rather, those from whom one does *not* differ most of the time, the ones among whom one exists. "With" refers to the fact that *Dasein*, qua *Dasein*, exists with others of its own kind (i.e., with other beings whose mode of being is of the kind characterized by Heidegger as *Dasein*). "Also" refers to this sameness of mode of being. Every individual human *Dasein* participates with all others essentially—and from the beginning—in the luminous world-openness, each in its own way, according to its possibilities for world-disclosing relationships. This world-openness, this "*Da*," may, therefore, almost be compared with the brightness of a day, where all the sun's rays participate in being-with—and illuminating—the same things of the world. The fact that human existence is in every case "my" existence does *not* exclude "being-with" others of my own kind. On the contrary, it is of the essence of *Dasein* to "be with." The "world" of man's being-in-the-world is ever and primordially one which I share with others. The world of *Dasein* is essentially *Mitwelt*. For we never exist primarily as different subjects who only secondarily enter into interpersonal relations with one another and exchange ideas about the objects all of us perceive. Instead, as any direct observation shows, we are all out there in the world together, primarily and from the beginning, with the same things shining forth in the common light of all our existences.<sup>8</sup>

<sup>8</sup> M. Heidegger, *SuZ*, p. 118. For a detailed discussion of *Mitwelt*, see R. May, "Contributions of Existential Psychotherapy," in R. May, E. Angel, and H. F. Ellenberger, eds., *Existence*, New York, 1958, pp. 61 ff.

However, if Daseinsanalysis discovers this "being-with" as a primordial and essential feature of human existence, it cannot possibly be accused of preaching an egotistical individualism. On the contrary: if Daseinsanalysis enables us to see that every human existence consists of a primordial being-with all the other human existences concerned with the same fellow men and things of the world, it provides us for the first time with sound fundamentals for all the sociological sciences in general and for a social psychiatry and social psychoanalysis in particular. For only this Daseinsanalytically discovered primordial "being-with" of human existence also makes us really understand how meaningful, comprehending social relationships between man and man are possible at all. This Daseinsanalytic discovery is even an uncompromising challenge to reach the insight that no psychopathological symptom will ever be fully and adequately understood unless it is conceived of as a disturbance in the texture of the social relationships of which a given human existence fundamentally consists, and that all psychiatric diagnoses are basically only sociological statements.<sup>7</sup>

<sup>7</sup> See M. Boss, "Why Does Man Behave Socially After All?" *Proceedings of the Third World Congress of Psychiatry*, Montreal, 1961, pp. 228-233.

## PART II

### DASEINSANALYTIC PSYCHOANALYTIC

% \ J e hope to be ready now to compare Daseinsanalytic thinking about human existence, as outlined in our initial chapters, with the understanding of man prevailing in psychoanalysis—as demonstrated in Freud's encompassing writings—and to elucidate the relationship which, we believe, exists between the two. To avoid unnecessary confusion, however, we think it wise to distinguish from the outset between two entirely different matters, both of them labeled "psychoanalysis." On the one hand, and this primarily, psychoanalysis denotes a specific method of medical treatment, with its own—though unreflected-upon—tacit understanding of man; on the other hand, the term refers to a psychological theory derived secondarily from the method of treatment. The two ways of understanding man inherent in psychoanalytic therapy and psychoanalytic theory differ so much from each other that they amount, at times, to clear-cut contradictions, especially in regard to their most important features. (See, for example, pp. 78 ff.) This is the reason why we have to study then respective relationships to analysis of *Dasein* separately.

It may appear that a confrontation of psychoanalysis and Daseinsanalysis would only widen the notorious gap between psychoanalytic practice and psychoanalytic theory in a disastrous way. There is some truth in this. The Daseinsanalyst arrives at completely different attitudes toward psychoanalytic theory on the one hand

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and psychoanalytic therapy on the other. Yet this differentiation is not detrimental to psychoanalysis. On the contrary, the spirit of Daseinsanalysis emphatically arrests the dangerous scientific tendency to flee from the immediately given phenomena of psychoanalytic practice to speculative ideas concerning supposed psychic structures and dynamisms "behind" what we actually perceive. *The analyst who thinks in terms of Daseinsanalysis does not want to be more philosophical than his strictly "empirical" colleagues.* Rather, as we have stated before (pp. 29 ff.), he aspires to greater empiricism and "objectivity" than that which the natural scientist can achieve. His prime aim is to adhere to the immediately given objects and phenomena of man's world, to remain with man's undistorted perceptions, and to let the phenomena speak for themselves and show us their essence and meanings. This means that the criticism to which Daseinsanalysis subjects the basic concepts of psychoanalytic theory in general, and the psychoanalytic conception of neuroses in particular, is *positive*. The insights of analysis of *Dasein* will restore the original meaning and content of Freud's actual, immediate, concrete, and most brilliant observations, to which his theoretical concepts point from rather distant and abstract positions.



## The Intrinsic Harmony of Psychoanalytic Therapy and Daseinsanalysis

Even a superficial and general comparison of the descriptions Freud gave of the events during a psychoanalytic cure and of our foregoing portrayal of analysis of *Dasein* leads to an unexpected discovery. All important passages in Freud's work pertaining to practical advice for the analyst contain the same basic terms which Heidegger, twenty years later, used to characterize human being. Both Freud and Heidegger talk again and again of "understanding," of "meaningfulness," "openness," "clarity," "language," "truths," and "freedom." To be sure, Freud speaks here from the basis of his "natural," unreflected-upon, everyday experience of man, while Heidegger has deliberately worked his experience of man into a fundamental ontology and has articulated the basic nature of man most carefully. Nevertheless, these two pioneers of the science of man are talking about exactly the same phenomena. Therefore, their findings and interpretations are certainly comparable, unless one is still caught in the neo-Platonic, artificial dichotomizing of the world into two "ontic-ontological" levels, which we have already refuted (see pp. 51 ff.).

In order to enter into particulars as to the intrinsic harmony of the tacit understanding of man on which Freud's practical therapeutic activities are based and of the Daseinsanalytic insights into man's very nature we had best recall first Freud's fundamental therapeutic rule, which stands above all other rules in psychoanalytic therapy: the patient must be absolutely honest and truthful with himself and the analyst. He is obliged to confess everything, whatever may pass through his mind or through his heart, and this without any exception. If this rule is followed, it means that all those possibilities of awareness, all feeling, thinking, imagining, dreaming, and acting relationships with the world which either had

been fought against until then, or had not even been discovered up to then, are now accepted, realized freely, and appropriated with responsibility as constituting one's own existence, so that they may then be at the analysand's disposal and may be carried out in the future, "if . . . after her cure life makes that demand on her." In other words, all of Freud's practical advice aims at enabling the patient to unveil himself and to unfold into his utmost openness.

Freud, however, would never have been able to create this basic rule of his treatment at all if he had not secretly shared the Daseinsanalytic insight into man's existence as being of the nature of a primordial openness and lucidity. No thought of unveiling hidden phenomena could have occurred in Freud's mind without his tacit awareness of man's existence as an open, lucid realm into which something can unveil itself and shine forth out of the dark.

The same basic rule of psychoanalytic therapy implies a specific conception of truth. Current epistemologies are apt to define truth in terms of the adequacy of the representation of the external world in man's consciousness. In psychoanalytic therapy, however, truthfulness is clearly understood to be the shining forth of the emerging, unveiled phenomena in the specifically Daseinsanalytic sense of the ancient Greek *aletheia*, to which analysis of *Dasein* always refers when speaking of the essence of "truth."

In this connection even Freud's insistence on the patient's reclining—making it impossible for him to see the therapist—reveals his deep, though unarticulated, awareness of man's basic condition, as Daseinsanalysis has brought it to light, regardless of the seemingly extraneous reasons he gave for this rule.<sup>2</sup> For to let the patient lie down in the analytic situation takes cognizance of the human body itself as a sphere of human existence; it is not merely an apparatus or an organism attached in some enigmatic way to a psyche.<sup>3</sup> For this reason an analysand does not comply fully with the demand to let himself become aware of all his characteristics without censoring them beforehand (as being of higher or lower value) unless he loosens up physically, too, while lying horizontally, so that all his limbs are also on the same level. The conventional arrangement in which physician and patient sit facing each other corresponds—as

<sup>1</sup> S. Freud, "Observations on Transference-Love," in *CP*, Vol. II, p. 389.

<sup>2</sup> S. Freud, "On Beginning the Treatment, etc.," in *CP*, Vol. II, pp. 354-355.

<sup>3</sup> For further details about the Daseinsanalytic conception of "the body," see chapters 6, 7, and 8.

far as the respective bodily spheres of their existences are concerned—to the traditional conception of two subjects, separate and standing opposite each other. Thus the physical juxtaposition implicitly preserves the conceptions of rank and value systems which the patient brings into the therapeutic situation. Sitting opposite the therapist enforces the patient's tendency to resist the basic rule of psychoanalytic therapy, by leaving "above" (in the widest sense) what always has been "above," and leaving "below" what always was "below." Furthermore, erect stature is the position *par excellence* of self-assertion. It accentuates self-glorification, as much as the supremacy of everything that belongs to the head, the elevation of the spirit (the higher and lighter) raised *above* the lower and sensual pole (base, animalistic, abysmal).<sup>4</sup>

The mutual control of two individuals who sit opposite each other also often robs the patient of the opportunity to be, for once, totally delivered up to himself, without getting support from the behavior (particularly the facial expressions and gestures) of another. Many patterns of behavior which the patient tries to ward off will not emerge into his reflections at all if he sits facing the therapist. But if they do not show themselves openly, it is impossible, of course, that they can be uttered, be admitted to full reality thereby and in so doing be *overcome*. However, it goes without saying that the rule to lie down, like all other psychoanalytic rules, must never be rigidly enforced. Lying down robs the analysand of the visual support of the physician, and leaves the patient to himself. For this reason, it often constitutes a frustration. According to Freud's instructions, the whole analytic cure has to be carried out in an atmosphere where immediate satisfactions are frustrated. But such frustration must stay within the realm of the possible and must not overtax the limitations of a given analysand. The more immature a patient is emotionally at the beginning of treatment, the more the treatment has to resemble a child analysis at the start. In the analysis of a child, lying down is not possible either. We have, however, rarely encountered an analysand for whom it did not turn out to be beneficial to lie down during long phases of the analytic process.

Freud himself had pointed out that the mere visual perception of the concrete presence of the therapist who sits opposite the

<sup>4</sup> See Th. Spoerri, *Der Weg zur Form*, Hamburg, 1954, p. 44.

patient insurmountably obstructs the rise of all possibilities of behaving which are too infantile, and are therefore repulsed. Actually the situation then appears to be a dialogue between two equally grown-up partners. This means that the position of the partners' bodily realms of existence in no way corresponds to the child-like nature of much of the patient's being, which is especially in need of psychotherapy and which needs to be openly and responsibly integrated and appropriated into an essential being-myself. For this reason, a situation in which the two partners in the dialogue conventionally face each other prevents in itself the less mature partner from becoming aware of his more child-like strivings.

Freud objected to sitting and facing the patient for yet another reason. He felt that the mutual observation inevitable in such an arrangement leads to self-control on the part of the therapist as well, thereby interfering with his ability to maintain his evenly hovering attention. But precisely this attitude is the indispensable basis for the psychoanalyst's ability to be silent. In silent listening, the analyst opens himself to, and belongs to, the patient's as yet concealed wholeness; and this silence alone can free the patient for his own world by providing him with the necessary interhuman mental openness. The less a physician is capable of being silent in such a fashion, the more he is in danger of setting up obstacles to the unfolding of the patient's own potential, of pressing him in pseudo-pedagogic fashion into the physician's own matrix.

When we take into account the real meaning of lying down during therapy, the counterarguments of those psychotherapists who, on principle, treat a patient only if he sits facing them sound shallow indeed. They claim that letting the patient lie down makes him feel all the more sick; one should appeal to what is healthy in him, above all to his common sense. But is it not, often, the first therapeutic task to enable the patient to acknowledge his being ill, so that he may realize with full awareness the nature of his illness? Once an individual has been cured by responsibly and honestly accepting his wholeness, he will also be well when he lies down. The counterarguments apparently stem from the same attitude of concealing and covering up that the old persuasion therapies were based upon.

Furthermore, Freud as early as 1900 had started his *Interpretation of Dreams* with a most "daring assumption," to use his own expression. His fundamental work began with the proud announcement that, if his technique of dream interpretation is employed,

"every dream reveals itself as a psychical structure which has a meaning. . . ." Soon Freud gained the insight that not only dreams but *all* human phenomena were meaningful, including the most bizarre mental and physical symptoms of neurotics. By this discovery Freud opened a completely new dimension of thought to the healing science and lifted our understanding of illness from the conception of "meaningless" natural causal connections and sequences of "facts" to a level where everything makes "sense."<sup>5</sup> This all-decisive deed of Freud's genius, however, again presupposes the basic Daseinsanalytic insight that there is a luminated realm into the lucidity of which the meaningfulness of our world's phenomena can disclose itself, shine forth, and that it is nothing else than the human existence itself which serves as this necessary, elucidating, world-openness.

Freud's proud introduction to his *Interpretation of Dreams*, however, did not stop by asserting only the meaningfulness of every dream. It asserted also that every dream also can "be inserted at an assignable point in the chain of the mental activities of waking life." To regard human phenomena as having their particular, meaningful spot in the course of a man's unfolding is not the attitude of a natural scientist but exactly that of a genuine historian, if "history" is understood in the Daseinsanalytic sense. For "history," in analysis of *Dasein*, always means a sequence of meaningful world disclosures as they are sent into being by destiny, engaging, in an equally primordial way, human existence as the lucid world-openness as well as the emerging particular phenomena shining forth therein.

Freud, it is true, restricted his historical interest almost exclusively to the individual life histories of his patients whenever he made the transition from pure natural scientist to historian. It is even more true that he was always in a hurry to become a natural scientist again as soon as he began to theorize about his patients' life histories. In his role as a natural scientist he felt he owed it to himself (as a serious investigator and searcher for truth) to transform intellectually the temporal succession of experiences and actions occurring during the course of a life into an assumed sequence of cause and effect. His procedure shows plainly that he had not yet reached a full understanding of the original historicity and temporality of

<sup>5</sup> S. Freud, "Psychoanalysis: Exploring the Hidden Recesses of the Mind," in *These Eventful Years*, Vol. II, London, 1924, p. 515. Trans. by A. A. Brill.

man's existence in the Daseinsanalytic sense. He was still a long way from the insight that each man's life history occurs by way of a continuous disclosure of the particular beings which are sent to shine forth, to come to pass, in the light of the meaning-disclosing relationships which constitute human existence. Nevertheless, Freud was able to get glimpses of man's fundamental temporality, an insight which later was to become the turning point of Heidegger's analysis of *Dasein*. These glimpses occurred with particular clarity when Freud realized that even the seemingly most meaningless phenomena of dreams have their place in the sequence of events of the total life history of a man. They also occurred when Freud talked of the necessity to regard the past of man not as a piece of him which has fallen off, like something which no longer belonged to him and was merely a matter of history (in this word's ordinary, classifying sense), but as a force pervading the present.<sup>6</sup> In the case of neurotic patients, Freud had even discovered that the power of the past is indeed so great that it pushes both present and future aside, a dismissal evident in the patient's symptomatology and behavior. Therefore, he could state that these patients "suffer from their reminiscences." If, then, the intention of the psychoanalytic cure is to make an analysand aware of the historic occurrence of the symptoms, how can it be anything else, fundamentally, than an attempt to heal neuroses by an elucidation of the life history? Such an elucidation, however, must make it possible for the patient to recapture his past openly, to bring it into the present and make it his own by possessing the memory of it; it thus liberates the analysand for a free acceptance of his future.

These statements of Freud contain nothing less than the discovery that any single feature of a man's existence can be comprehended fully only if it is regarded, not as merely momentarily present in a chain of separated "nows," but as a phenomenon embedded in an individual's life history, including his past, present, and future.

This understanding of time and history in human life, which pervades all of psychoanalytic therapy more or less implicitly, corresponds to a great extent to the original temporality of human existence which Heidegger elucidated explicitly for the first time.<sup>7</sup>

<sup>6</sup> S. Freud, "Recollection, Repetition, and Working Through," in *CP*, Vol. II, pp. 369-371.

<sup>7</sup> For details of the paramount practical importance of this original temporality of human existence for an adequate comprehension of a great many normal, neurotic, and psychotic phenomena, see chapters 5 and 6.

We need only recall Heidegger's statement that man's existence always emerges in the unity of the three temporal "ekstases," i.e., man's past, present, and future (see p. 45).

The intrinsic harmony of psychoanalytic therapy and analysis of *Dasein* becomes particularly evident in their common underlying conception of human freedom. Heidegger discovered that man's existence is a realm of lucid openness, so that all that is to be and to become finds its necessary realm of lucidity into which it can shine forth, appear, and become a "phenomenon" (in this word's original Greek meaning). In other words, human existence emerges only through and as man's possibilities of meaning-disclosing relationships to the particular beings of our world. Man's freedom, then, consists in his being able to choose either to obey this claim and carry out his possibilities of relating to, and caring for, what he encounters, *or* not to obey this claim.

If Freud had not had this Daseinsanalytic insight into human being when actually treating his patients (regardless of whether he put it into words or not, and regardless of his theoretical formulations), he could not have gone beyond Breuer and Janet to become the father of modern psychotherapy. Only because Freud sensed what human freedom really means was he able to overcome the objective and purely biological theory of repression of his predecessors. Freedom in the Daseinsanalytic sense is the condition for the possibility of psychoanalytic practice as taught by Freud. Freud's writings, insofar as they deal with practical psychoanalytic technique, abound with references to freedom.<sup>8</sup> These references differ grossly from the strongly deterministic point of view he proclaims in his theoretical works. It is at least as true to call Freud the discoverer of the importance of human freedom for the etiology of man's illnesses as to see in him the scientific discoverer of sexuality. Both Heidegger and Freud define human freedom as being able to choose. They mean choice between two decisions. One choice consists in the responsible, conscientious adoption of all "functions," "abilities," "character traits," and "behavior possibilities" constituting man's essence. Such adoption amounts to a congregation of all possibilities for relating to the particular phenomena of our world. It leads to an independent self. The other choice consists in denial and non-recognition of essential manners of behaving. Man

<sup>8</sup> Cf., for example, "Recollection, Repetition, and Working Through," p. 373, and "Observations on Transference-Love," pp. 387 and 390.

then lulls prey to the anonymous, unauthentic mentality of "tradition," to "authoritarian commands" foreign to him. Thus he misses assembling all his possibilities of relating toward the world into the wholeness of an authentic, free selfhood. If man does not choose the first of these alternatives, he cannot reach the goal of therapy as Freud formulated it: full capacity for work and enjoyment. For both capacities presuppose that any given person has all possibilities of living at his disposal. For this reason, Freud explicitly states the human qualifications he considers to be indispensable for psychoanalytic treatment. He mentions factors such as natural intelligence and ethical development; deep-rooted malformation of character and traits of a degenerate constitution he considers counterindications.<sup>9</sup> In Daseinsanalytic terminology, such statements amount to an insistence that one select patients capable of choosing in terms of human freedom.

Heidegger's analysis of *Dasein* led him to regard man as one who basically and customarily avoids independent, responsible selfhood. Freud's development of his psychoanalytic therapy into an analysis of resistance indicates that secretly he must have shared Heidegger's insights in this respect. Obviously, both of them knew that the abilities to be free and to be unfree belong necessarily together. Man is inclined to flee from being his real own self in responsibility. He is prone to let himself be swallowed up by the anonymity of his surroundings and everyday pursuits. It is for this reason that Freud is so insistent that psychoanalytic therapy must focus, in the beginning and throughout the whole cure, on the patient's resistances against standing openly and four-square with all that he actually is.

Freud did not, however, consider his discovery (that *Dasein* is historical and that it is capable of either freely taking over or denying given possibilities of behavior) to be the decisive characteristic of his new psychotherapy. To him, the departure from Breuer's hypnotic technique and the institution of free association in its place marked the birth of psychoanalysis; the consistent application of this method was its basis. Source and center of Heidegger's thinking is the insight into man's primary awareness of Being-ness, the basic dimension of non-objectifiable human *Dasein*. Nothing could be further from Heidegger's thinking than a method directly resulting from the domination of eighteenth- and nineteenth-century

<sup>9</sup>S. Freud, "Freud's Psycho-Analytic Procedure," in *SE*, Vol. VII, p. 254.

associational psychology. The positions of the two thinkers seem incompatible. On the one hand, a conception based on the simplest, immediately given, and indisputable phenomenon—the primary awareness of Being-ness and the freedom it grants to man; on the other, a completely unfree, deterministic psychology based on unreal intellectual abstractions. We need hardly mention that associationism was proven untenable long before Heidegger; it was, indeed, refuted almost simultaneously with Freud's basic discoveries.

Is it possible that the method of free association and the associationism of nineteenth-century psychology are related only semantically? If "free association" (psychoanalytically understood) and associationism agreed with each other, the analysand would be expected to produce material based on engrams resulting from accidental coincidence in time and space. Freud, however, well knew that nothing of the kind ever happened in psychoanalytic practice. He stated that the associations of a patient in psychoanalysis remain under the influence of the analytic situation throughout,<sup>10</sup> a situation which is totally oriented toward the goal of making hitherto unconscious material conscious. We must conclude that Freud regarded free association simply as an approach by which the essential content and the meaningful relationships of things, as well as the patient's own relationship potential, disclose themselves to him to a much fuller extent than he had known before. The full reality of things and fellow men must be permitted to disclose itself to each patient; this reality contains both so-called naked facts and so-called symbolic content. In such a fashion, the analysand permits the whole truth of everything he encounters to speak to him and is able to become aware of such verities. How could such a thing happen if not on the basis of primary awareness of Being-ness? Only an existentially luminated being can have access to extant things in the "physical" light of day, or to the non-objective existential possibilities of man in the fight of the human spirit. On the other hand, only to such a being can things be hidden in the darkness of night, or in the spiritual darkness of forgetting and "repression." Freud must have had a tacit confidence in man's primary openness to the world, a condition which analysis of *Dasein* has brought to light. Why else would he have thought it so important to demand of his patients an unconditional openness, with specific emphasis

<sup>10</sup> S. Freud, *Autobiography*, New York, 1935, p. 78. Trans. by James Strachey.

on "affective" possibilities, i.e., on an engagement of the whole human being in such an openness? How else could one explain Freud's demand that the analyst himself undergo analysis, that he might eliminate all dark and blind spots in order to progress from a fettered mode of existing toward the freedom of a fuller knowledge of himself?

Open agreement exists between Freud and Heidegger insofar as both consider language to be man's habitat. Heidegger refers to language as the "home of Being-ness."<sup>11</sup> Freud admonishes the patients to put all thoughts and emotions into words, in detail and without selecting.<sup>12</sup> To do so is to assure that the process of becoming aware of myself does not stop at the halfway goal of a pseudo-honesty, confined to myself and therefore easily lost again. Instead, this process is to achieve an open, continuous adherence to being-whole, i.e., to accept and to take over all of one's possibilities of existing, to stand up to them—as one's own belongings—with responsibility. Freud emphasized verbalization again and again, because what *is* exists, in fact, only—and is undeniably preserved only—when it is verbally articulated.

Finally, *Daseinsanalysis* never loses sight of primary awareness of Being-ness and of the fact that man's existence is claimed to serve as the ruminated realm into which all that is to be may actually shine forth, emerge, and appear as a phenomenon, i.e., as that which shows itself. These are the conditions for the possibility that man can permit (to the best of his ability) everything that claims him (by being encountered) to unfold in the light of his existence. To understand man in this fashion (namely, as servant and guardian of the truth inherent in things as they are permitted to come into being) is to free him from the egocentric self-glorification, the autonomy and autarchy, of subjectivistic world views. The Daseinsanalytic point of view gives back man's dignity: he is the emissary of the ground of everything that is; an emissary who is sent into his life history entrusted with the task of letting the truth of particular beings become apparent to the extent that this is possible at a given time and place. On the basis of this fundamental feature of man's existence, all so-called ethical values become self-evident.

Freud's analytic therapy implies the same view of man. We have

<sup>11</sup> M. Heidegger, *Vber den Humanismus*, Frankfurt, 1947, p. 5.

<sup>12</sup> S. Freud, "On the Psychical Mechanism of Hysterical Phenomena: A Preliminary Communication," in SE, Vol. II, p. 6.

only to focus our attention once more on what separated Freud from his predecessors Janet and Breuer. At first glance the differences may seem insignificant. Breuer had considered hypnoid states to be the causes of pathogenic forgetting of certain emotions and memories. To account for the same phenomena, Janet had assumed a constitutional weakness of the capacity for psychic synthesis. Both approaches may be said to have used naturalistic hypotheses. Freud, however, recognized that the true motive for repression of mental content was that such content could not be squared with the moral attitude or the self-esteem of the patient. He found that "repression . . . [always] proceeds from the self-respect of the ego."<sup>13</sup> "Everything that had been forgotten had in some way or other been painful: it had been either alarming or disagreeable or shameful by the standards of the subject's personality. . . . That was precisely why it . . . had not remained conscious."<sup>14</sup>

The discovery that repression always has something to do with moral values again opened up a completely new dimension to medical science. For to say that repression can result from a moral attitude, or from shame, is to imply that man can distinguish between right and wrong, beauty and ugliness, good and evil. Good and evil in psychoanalytic therapy, however, are determined in a strict Daseinsanalytic sense. The analysand is called upon completely to relinquish his conceit, in particular his vainglorious conviction that either he or the pseudo-moralistic traditions of his environment have a right to determine who he is and how things should disclose themselves to him. From the analyst the practice of psychoanalysis demands above all selfless care and cherishing of the patient. For months and years on end, the analyst must concentrate on just one fellow being, week after week, hour after hour, and all this mostly in receptive silence. He must accept the other fully the way he is, with all his physical and mental beauties as well as blemishes. All the patient's possibilities must be given a chance to emerge. He must become free, regardless of the personal ideas, wishes, or judgments of the analyst. Such an undertaking, Freud stated, can succeed only if the analyst allows the relation of analyst to patient to become an almost limitless "playground," [*Tummelplatz*] a place where all of the patient's possibilities for relating could freely come

<sup>13</sup> S. Freud, "On Narcissism, an Introduction," in SE, Vol. XIV, p. 78.

<sup>14</sup> S. Freud, *Autobiography*, pp. 52-53.

out into the open. This is the only way by which the patient can achieve new confidence in his world. The analyst must, of course, restrain himself so as not to derive any personal advantage from any behavior of the patient in the transference situation.<sup>15</sup>

Freud had, it is true, expressly said that the physician should "be impenetrable to the patient, and, like a mirror, reflect nothing but what is shown to him."<sup>16</sup> The comparison of the physician to a mirror is one of the most frequently mentioned "proofs" for the dehumanization and mechanization of Freud's psychoanalytic practice. Those, however, who personally experienced the mirror called "Freud" know beyond doubt that he was opaque only in his own imagination and that to his patients and disciples his unusual kindness, warmth, and humaneness shone through even from a distance. Actually Freud thought of the "opaqueness" of the analyst primarily as an extreme reserve which, in turn, was due to his respect for the individuality of the analysand. His concern was to enable the patient to *become himself* totally out of his own resources, without being influenced by the physician at all, and certainly without being overpowered by the therapist's personality.

It is unlikely that any analyst would ever be capable of such *ethos* if his morals were, as Freud declared (here again truly a child of his time) of utilitarian origin.<sup>17</sup> We are convinced that even the most rabidly neo-positivistic psychoanalyst can endure the extreme hardships of psychoanalytic practice only because he, too, maintains a basic relationship to Being-ness, in spite of his superficial convictions. He realizes, in some hidden way, that his existence belongs (like that of all other human beings) to the world-openness and that for this reason he is called upon to serve as the luminated realm into which all that has to enter into its being by encountering him may shine forth and emerge. By his continuing concern for the welfare of his patients he is obeying the claim of Being-ness in the special way of a psychoanalyst.

If any further evidence is still needed for the intrinsic accordance between the understanding of man implicit in psychoanalytic therapy and explicitly articulated in the analysis of *Dasein*, we have but to summarize Freud's recommendations for the best therapeutic

<sup>15</sup> S. Freud, "Observations on Transference-Love," p. 388.

<sup>16</sup> S. Freud, "Recommendations for Physicians on the Psycho-Analytic Method of Treatment," in *CP*, Vol. II, p. 331.

<sup>17</sup> S. Freud, "Observations on Transference-Love," p. 382.

attitude of the psychoanalyst toward his analysands. Freud first gives a warning with a negative instruction, as is well known. The analyst, Freud would say, should never act in a way which we may best characterize now as "intervening care." This particular warning is perhaps what primarily distinguishes Freud's method of therapy from all others. To forget his admonition when dealing with patients is to misunderstand and betray the real spirit of Freud's practice. For to care for a patient in an intervening way means to take over what is to be done by him, to do it in his place. The patient is thus thrown out of his place, has to step back and take over what the therapist has taken care of. It is now a finished matter, to be used—or possibly disposed of—as a whole. In a caretaking of this kind the other person can become dependent and dominated, even though such domination may be silent and remain hidden to the one who is dominated.

Besides his negative warning against "intervening" care, Freud also characterizes the analytic attitude positively, as essentially having to be an "anticipating" care. In this mode of care the analyst does not intervene or interfere in behalf of the patient. He is, rather, ahead of the patient in his existential unfolding. He does not take over for the patient but tries to hand back to him what has to be cared for so that it becomes an actual concern. This taking care (on the part of the analyst) consists in his concern for the "basic" care (i.e., the existence) of the other person and not to a particular item he has to care for. It helps the other person to become, in his caring, transparent to himself and free for his existence.

Such anticipating caretaking and being ahead necessitates the analyst's prior "analytic purification," continues Freud. Only then will the analyst be able to keep the "playground" of the transference situation free of obstructions and limitations which are due to his own unresolved "complexes." And only if the analyst succeeds in thus clearing away the obstacles to psychoanalytic cure within himself, will the patient have an opportunity to try out all his own possibilities of living in almost total freedom within the realm of the analyst-analysand relationship.

No one who is really experienced and well versed in psychoanalytic therapy will be able to deny, we believe, that our summary of Freud's statements about the correct attitude of a psychotherapist reveals their essential meaning and content. Freud's description of the proper and improper attitudes of the therapist toward his

patients we have characterized as "anticipating" and "intervening" care respectively. In thus summarizing Freud's recommendations (or the best possible therapeutic attitude, however, we have quoted from Heidegger's description of the two main ways of man's care-taking for a fellow being.<sup>18</sup> Could anything give more striking evidence of the intrinsic concordance of Freud's tacit understanding of man—inherent in his practical advice to psychotherapists—and Heidegger's elaboration of the basic features of man's existence than the fact that it is possible to let one author speak for the other in this matter?

In Freud's theoretical work, however, the humaneness so apparent in his way of conducting therapy was not reflected. It could not have been. His theoretical thinking always remained within a mechanistic framework. The discoveries of analysis of *Dasein* are needed to give the analyst insight into the meaning and justifiability of his actions, to enable him to re-evaluate the human phenomena that Freud's theoretical conceptions described only inadequately, and finally to liberate his psychoanalytic therapy from the damaging restrictions and distortions which have been wrought—through "feedback," so to speak—upon psychoanalytic therapy by an inadequate psychoanalytic theory.

M. Heidegger, *SuZ*, pp. 122 ff.

## 5

### Daseinsanalytic Re-evaluation of the Basic Conceptions of Psychoanalytic Theory

Psychoanalysis as a psychological theory is, according to Freud's own statements, a "speculative superstructure," a "rational foundation for . . . medical efforts, gradually developed," any part of which "can be abandoned or changed without loss or regret the moment its inadequacies have been proved";<sup>2</sup> it is an "artificial structure of hypotheses" which would probably be "blown away" *in globo* by the progress of science.<sup>3</sup> Above all, however, psychoanalytic theory is expressly meant to belong to the realm of the natural sciences. Freud's intentions in this regard are unequivocal. Indeed, as we have pointed out, few if any have ever been able to formulate the general working principle of the traditional natural sciences in keener terms than he.

The philosophical faith which supports Freud's assertions consists in the prescientific presuppositions which, indeed, form the basis of all natural sciences. They may be summarized as follows:

1. There is an external, "real" world, existing in itself, independent of man.
2. "Real" can be only what can be measured, calculated, and thereby established with certainty. Reality is the totality of those objects which constitute the world.
3. The relations between the particles of every object as well as the connections between one entire object to all the other ones are predictable causal connections; thus the chain of these relations of causes and effects is always an unbroken one.
4. Finally, everything that is "real" fits into the three dimensions

<sup>1</sup> S. Freud, "Psychoanalysis: Exploring the Hidden Recesses of the Mind," in *These Eventful Years*, Vol. II, London, 1924, p. 515. Trans. by A. A. Brill.

<sup>2</sup> S. Freud, *Autobiography*, N.Y., 1935, p. 61. Trans. by James Strachey.

<sup>3</sup> S. Freud, "Beyond the Pleasure Principle," in SE Vol. XVIII, p. 60.



of space and into a temporal order derived from the movements of the sun and the other stars.

It is of utmost importance that these suppositions supporting the whole edifice of natural science be recognized for what they actually are: prescientific philosophical articles of faith. Once this is realized, it is easy to see that neither natural science nor any other science can prove the realm within which its suppositions are valid, or even prove them to be correct as such. It cannot be repeated often enough that all science must start out from a belief in the truth of some such prescientific prejudices. Where, for instance, could natural science find scientific proof for the tacit assumption that no existant has gaps in its causal connections with this or that something which cannot be figured out? That natural science limits its observations and investigations to those phenomena which yield to methods of total calculation and leave no gaps or contradictory items does not in the least eliminate the possibility of other existants which cannot thus be determined.\*

Freud transferred the above-mentioned prescientific articles of faith to his study of man, to picture the fundamental structure of his psychoanalytic theory as follows:

1. The so-called mental phenomena are products of an object which one may call the "psyche." This psyche is constructed like a microscope, telescope, or a photographic apparatus. It is capable of picturing objects extraneous to itself within itself. It functions like a reflex mechanism.<sup>5</sup>

2. Being an apparatus, the psyche needs energy to run it. This assumed energy Freud calls "libido." It derives from excitations of body organs; the first psychic manifestations of these excitations always have the character of wishes. "Only a wish is able to set the [psychic] apparatus in motion," Freud states in *The Interpretation of Dreams*.<sup>6</sup> In addition to the stimuli that the apparatus receives from inside itself, there are stimuli that originate in objects of the external world. These stimuli are transmitted to the psychic apparatus by the sense organs, in the form of energy. The path of these psychic processes is generally from the perceptual to the motor end of the apparatus.<sup>7</sup>

\* See W. Heisenberg, *Physik und Philosophie*, Frankfurt, 1959, p. 26.

<sup>5</sup> S. Freud, *The Interpretation of Dreams*, in *SE*, Vol. V, pp. 536-538.

<sup>6</sup> *Ibid.*, p. 5g8.

<sup>7</sup> *Ibid.*, p. 537.

3. Both external and internal stimuli undergo various transformations while being cathected with libido. By means of cathexis with libido, the psyche produces perceptions of the external world as well as ideas in general, the material being external stimuli, memory traces, and unconscious, preconscious, and conscious strivings. The psyche produces perceptions and ideas continually in a process which is wholly causal.

4. The sole aim of all the processes going on within the psyche is motor discharge of energy into the external world, in order that the apparatus may maintain itself so far as possible without excitation. For "accumulation of excitation is felt as unpleasure . . . diminution of excitation as pleasure."<sup>8</sup>

5. There are two kinds of thinking. "Right" or "correct" thinking, i.e., thinking that corresponds to external, objective reality, is called "secondary-process" thinking. It contrasts with "primary-process" thinking, which refers to unconscious processes and which is "incorrect" and "irrational." "Right" thinking, on the other hand, is characterized by rationality, avoidance of contradictions, logic, concepts which unequivocally fit the perceived object, and adequate consideration of chronological time and homogeneous units of measurement.<sup>9</sup>

It is easy to see that the basic categories within which Freud built his scientific psychology have their roots in the philosophies of Descartes and Kant. It is not surprising, then, that Freud cites Kant in connection with a statement concerning the subjective conditioning of perceptions, the distortions of reality thereby introduced, and the fundamental unrecognizability of the perceived things as such.<sup>10</sup> Here is proof, given by Freud himself, that all sciences rest upon predetermined philosophic bases, as we have stated before. To investigate such bases with regard to their adequacy to the purposes of a particular science is by no means a superfluous game, by no means unworthy of a serious scientist. For in Freud's work we can discover better than anywhere else how philosophic presuppositions (which to him were so self-evident that he did not even question them) determine from the start both the questions and the answers of his science.

Above all, these philosophical presuppositions of the natural

<sup>8</sup> *Ibid.*, pp. 598 and 605.

<sup>9</sup> *Ibid.*, pp. 596-597.

<sup>10</sup> S. Freud, "The Unconscious," in *SE*, Vol. XIV, p. 171.

sciences—applied unreflectingly by Freud to the science of man—led from the start to a mental destruction of the unity of the psychoanalytic situation in all of Freud's theoretical considerations. In the actual situation of psychoanalytic therapy, patient and therapist are together in caring for the same phenomena which disclose themselves in the light of their existences. Freud's theory, however, bisects this union into the medical observer and the observable object. And this dissection by no means stops with this first step. A second one follows immediately, with the postulate of a body-psyche dichotomy. The patient's "psyche" is assumed to reside somewhere "in" the observed human object, and to be worldless at the start.

By this way of thinking Freud had split up the unity of man's "Being-in-the-world" into three primordially separated particles: the "psyche," the human body, and the external world. Once this conceptual split has been achieved, these three theoretically abstracted parts of man's world can never be linked together again except by assuming magic transformations and substantiations. On the other hand, theoretical assumptions of this sort clear the way for an ever more far-reaching intellectual dissection of man into "psychic elements," and for hypotheses concerning the products of this dissection. Now it is possible to picture this hypothetical psyche as an interplay of the forces of instincts and partial instincts, of the intrapsychic "authorities" such as an "Id," a "Super-Ego," and "partial Ego-apparatuses." The "external world," on the other hand, can be reduced to mere stimuli.

Today, most of those whose concern is the understanding of man are no longer as extreme in their addiction to the dogma of natural science as were the scientists of Freud's time. For this reason it is easier to see what happened. Freud had (if unknown to himself) gained an immediate and primary understanding of man through his discovery and practice of psychoanalysis. But he destroyed this primary understanding in a truly catastrophic fashion when he introduced his theoretical constructions. To realize the extent of his destruction, we need only compare the two pillars (so designated by him) of psychoanalytic *practice* with their counterparts in his *theory*. On the one hand, "transference" and "resistance" testify to Freud's deep understanding of man; on the other hand, his theoretical formulations—e.g., sensory organs which perceive "reality" inadequately and a "chain of conscious acts" that is full of

gaps—distort this understanding to the extent that understanding is lost. Transference and resistance indisputably refer to actual phenomena of interhuman relationships (although in a veiled way). Observation confirms over and over again how right Freud was when he stated that if the analyst allows the patient time, devotes serious interest to him, and acts with tact, a deep attachment of the patient to the analyst develops of itself.<sup>11</sup> Nor can any analytical observer deny Freud's discovery that all patients in psychoanalytic treatment strongly resist total recognition of themselves. Every experienced analyst, therefore, will fully agree with Freud's observation that "the pathological factor is not [the patient's] ignorance in itself, but the root of this ignorance in his *inner resistances*; it was they that first called this ignorance into being, and they still maintain it now."<sup>12</sup>

In contrast to these undeniable phenomena, discovered through direct observation, neither the conception of the brain as an isolated organ of a bodily organism nor the conceptual artifact "act of consciousness" corresponds to an immediately given reality. Even less do they stand at the beginning of our knowledge and perception of man (as Freud still thought). Rather, both are abstractions, intellectual reductions of specific features of the human existence and of modes of relating to objects of a physical and mental nature. This is the reason why there is no road from such notions to a full understanding of any kind of human behavior.

If man and his world did actually consist of originally isolated, somato-psychic, telescope-like apparatuses and objects of the outer world (that is, of a conglomeration of extant and originally separate objects), not even one single "act of consciousness" would be possible. We would not perceive, much less hope to understand, such simple relations as the 'Ejeing-opposite' of an object, or the possibility of encountering another human being. Still less would it be possible to comprehend how anybody would be able to develop an affective attachment or an intensive resistance toward an analyst, and how he could be treated and cured by disporting himself on the common "playground" of their interpersonal relationship. For nobody has ever seen an apparatus of any kind which could perceive anything and understand it as this or that something which it is,

<sup>11</sup> S. Freud, "On Beginning the Treatment, etc.," in *CP*, Vol. II, p. 360.

<sup>12</sup> S. Freud, "Wild' Psychoanalysis," in *SE*, Vol. XI, p. 225.

much less an apparatus which could love or hate. Luckily, Freud's theoretical self-mutilation was confined mainly to his books. For in his practice Freud never ceased to permit his patients fully to experience their being human. He never treated them there as telescopes, or as bundles of instincts, as he should have done if he had followed his theory.

Psychoanalytic theory has of course undergone a great many modifications in the course of half a century. The most important ones were introduced by Freud himself. Many other valuable theoretical contributions were made by Freud's disciples, by those inside as well as outside the orthodox psychoanalytic school. They all, however, are still unable to make sufficiently explicit, and to portray adequately, the unclarified and implicit understanding of man which is at the basis of psychoanalytic practice from the moment of its inception. For they all pass over the main problem: they tell us nothing at all about the essential condition of the constructs with which they start their deliberations. But until we learn something about the basic nature and essence of the "total person," the "personality," the different "selves," and about who or what and how the "agent" of the "social relations" really is, all our conceptions of man hang in the air. The main objection of analysis of *Dasein* in regard to all these psychoanalytic extensions of, and additions to, Freud's theory of man, however, would have to point to their common lack of a basis for a real understanding of the possibility of man's having "I-like," "personal" relations to objects of an external world which are determined by his "partial instincts"; or for man's entering into "empathic" or "parataxic" reciprocal social relations with his fellow human beings; or for man's propensity to succumb to the opinion of others and thereby to form a merely "reflected appraisal" of himself; or for man's being involved in societal processes and his being formed thereby. As long as we do not understand man's essential nature as being of a meaning-disclosing, elucidating character, we remain unable even to understand how someone is able to perceive a fellow man *as* a fellow man, let alone how he could enter into so-called interpersonal relationships.

There is no other way out of the confused situation of our contemporary psychology in general and of the psychoanalytic theory in particular than to re-evaluate one basic psychoanalytic conception after another in the light of a more adequate understanding of man. We have mentioned that one of the two main pillars of Freud's

llicity was the notion of "acts of consciousness." We had, however, to call this psychological conception an intellectual artifact. Let us consider, then—since it is supposed to be the most basic "act of consciousness"—the concept of an "idea," in the sense of a "mental representation of an object" or a "psychic picture."

#### THE CONCEPTION OF "IDEA"

The psychological conception of an "idea" is the starting point of contemporary psychology in general and of the psychoanalytic theory in particular. The psychoanalytic theory of neuroses asserts, for instance, that in hysteria unacceptable "ideas" are repressed. In obsessional neuroses, "ideas" are supposed to become detached from their accompanying affect. Furthermore,

it seems [Freud states] that in dementia praecox the efforts of the libido to get back to its objects, that is, to the mental idea of its objects, do really succeed in conjuring up something of them, something that at the same time is only the shadow of them—namely, the verbal images, the words, attached to them.<sup>13</sup>

Obviously, then, Freud, too, seems to take it for granted that we do have, somewhere within our consciousness or within our unconscious, ideas or mental images or psychic object-representations of all the objects of the external world which we have perceived. Almost all of us would at least agree that such ideas, mental images, or intrapsychic object-representations take place within ourselves, whether in the head or in the psyche or elsewhere. Among many of us there even seems to be more or less unanimous agreement that the physiological equivalents or "substrata" of these mental images in the brain would constitute their ultimate reality. At any rate, everybody will understand me if I state that I have formed an idea or a mental representation within me of the contents of a book which I have read recently, or of a chemical experiment which I have just carried out, of a football game I have been watching this afternoon, or of a picture which I see at this very moment on the opposite wall.

On closer examination, however, our mutual understanding about our "ideas" of what we have seen or heard, about these mental

<sup>13</sup> S. Freud, *A General Introduction to Psychoanalysis*, Garden City, N.Y., 1943, p. 366. Trans. by Joan Riviere.

images somewhere in our psyche, dwindles down to our being in agreement only on the same obscurities. In fact, not one of the constituents of our common phrase, "I have an idea" is clarified in the least. Actually, we do not know at all what we mean when we talk like that. We have "no idea" what the actual nature of an "I" is, nor have we any idea of the "substance" or the "essence" of a mental image or a psychic object-representation within ourselves; we are even less able to picture the possessive relationship between an "I" and such an "idea" of something.

For centuries, philosophers have questioned whether ideas correspond to a reality extraneous to our mind or soul, a reality which ideas supposedly represent. Some philosophers say that they do, others say they do not; still others claim that the question cannot be decided. If philosophers are unable to agree on this question, it is best to refrain from philosophical speculation, and to investigate the immediately perceptible phenomena themselves to which the conception of "idea" seeks to point. To do this is one of the many tasks of psychology. But we are not going to consider what psychology has to say concerning ideas—not because we do not value the importance of psychological contributions to the problem, but because these contributions are psychological, i.e., scientific ones. As psychological achievements they presuppose from the outset the existence of a "psyche." Otherwise they would not call themselves "psychological" contributions. Like all sciences, however, psychology necessarily has to leave its own presuppositions completely in the dark. Psychology as science, therefore, not only does not know *as yet* what "having an idea of something" actually means, but will never be in a position to clarify the nature of that into which psychology likes to place these "ideas." All those matters posited by psychology, such as a "psyche," or the "psychic organism," or "the consciousness," or "the Soul," or the "Ego" with all its cognitive functions—ever more elaborated by the modern Ego-Psychology—have to remain psychological black boxes, so to speak. In this fundamental respect everything is bound to be questionable and doubtful in the science of psychology. This scientific situation also necessarily prevents all psychological investigations from ever reaching down to the basic nature of that which psychology calls an "idea" or a "mental object-representation" or a "psychic image."

There is no other way left, then, if we want to understand man more adequately, than to attempt to approach "unscientifically" the

phenomena which psychology has up to now referred to by speaking of having an idea or a mental representation of something in the external world. Let us, for instance, just stand before an ordinary tree—and let the tree stand before us. Both the tree and we *are* in the relation of standing before each other. This standing before each other is not just an idea located somewhere in my head. Let us stop for a while. What we have just said amounts to a leap out of the familiar realm of the sciences and even out of the realm of philosophy. We have leaped, not just anywhere, but to *the* ground on which we live and die, unless we fool ourselves. It seems strange that we have to make such an effort to reach the ground on which we stand. But, if we are right, this is something worth contemplating. Scientifically, it is completely irrelevant that each of us has stood before a tree at some time or other. Again, let us not delude ourselves. We do not face the tree with our head or our consciousness when we *are in its presence*. It is, rather, the tree which *presents* itself to us, as the meaningful thing which it actually is. Naturally, we do not deny that a great many processes go on in the brain while we are standing before the tree, as we regard it, perceive its blossoms and their fragrance. We know that such brain processes can even be measured and made visible by means of a graph which transcribes brain waves on to a roll of paper. Nor do we deny that such knowledge is useful and even contributes to the over-all therapeutic effort. But if we pretend that such brain processes (or anything else except the phenomenon itself) describe what is really happening while we are standing before the tree, we must ask: what has become of the tree, of the blossoms, of their fragrance? Where, while we are studying his brain waves, is the human being who saw the tree? Not the brain of this human being, but he himself, someone who may die tomorrow or may live on, someone who was alive when he saw the tree. Where, in such an approach, is the confrontation during which the tree introduced itself to us and we faced it?

One may reply: why ask such questions when it is obvious that anybody would immediately agree that someone stood before the tree. But let us not agree too hastily. For pretty soon we shall agree with the sciences of physics, physiology, and psychology (as well as "scientific" philosophy), which declare (with an impressive array of arguments) that what we perceive as a tree is actually an almost empty electric field in which occasional electric charges are

rushing about. Only in unguarded moments do scientists admit that we actually stood before a tree; but they usually add immediately that this statement is, of course, merely a naive and prescientific conception of what took place. Thus speaking, scientists make an important admission. It is *they* who decide what is basic reality. But where does science, in itself unaware of its philosophic origins, get the mandate to make such far-reaching decisions? Who entitled scientists to define man's place in the world and to prescribe the standards into which he must fit? This, however, is what the scientist does when he judges the statement concerning my standing before the tree to be naive and prescientific.<sup>14</sup>

It seems incredible that all those who have reflected on such simple events as the fact that a tree stands before us and is seen by us have been unable to leave the tree where it is—namely, standing before us. Analysis of *Dasein* enables us to do just that. Man is seen as the world-openness in whose light all particular beings may appear in their authenticity. The tree is a particular being which comes into its being by shining forth into the luminosity called *Dasein*. Psychotherapists who are able to grasp this basic Daseinsanalytic tenet, with all its ramifications, can relinquish the concept of an idea produced by an assumed psyche inhabiting a subject. Acceptance of this Daseinsanalytic view amounts to overcoming psychology (the doctrine of a "psyche") in favor of a more adequate understanding of man. Such a departure is necessary because the traditional theory of the neuroses, owing to its dependence on psychology, is hampered by inadequate concepts such as "idea" in the sense of a psychic object-representation. The vision of contemporary psychology is too limited to support a science of healing. These limitations are all too apparent, if only in the many pseudo-problems which psychology poses. Foremost among these is the problem of how separated subjects—existing primarily in and for themselves—can ever achieve understanding relationships with objects in an external world. We dealt with this question at length in Chapter 2. Here, we have only to add that from the point of view of analysis of *Dasein* this must always be a pseudo-problem, because the relationships exist before they can even be called in question, because the primordial unity of man and his world is the inseparable one of a luminating realm and what shines

<sup>14</sup> M. Heidegger, *Was heisst Denken?* Tübingen, 1954, pp. 16ff.

forth in its luminosity. Psychotherapy cannot remain grounded forever in a scientific approach that so blatantly denies the realities of its key situation. How dare we talk about the "unrealistic" nature of so-called psychotic hallucinations, for instance, as long as we remain completely in the dark about the nature of the psychological concepts of an Ego or a Subject, about the nature of the external world and about the possibility of any understanding relationship between the two, to repeat once again the severe accusations which our first patient flung at us.

Freud, the brilliant discoverer of the new dimension of a thorough-going meaningfulness in all human phenomena, was well aware of these psychological impasses. He tried, however, (unlike analysis of *Dasein*) to overcome them by adding to the traditional psychological presuppositions and speculations yet other mental assumptions, first of all, the hypothesis of an "Unconscious."

#### THE "UNCONSCIOUS" AND "PSYCHIC TOPOGRAPHY"

*Freud's Reasons for Assuming an "Unconscious."* According to Freud's own testimony, his central aim, repeatedly stated, was to demonstrate the thorough-going meaningfulness of all mental phenomena (see pp. 64-66). This attempt was a complete innovation insofar as both the medicine and the psychology of his time were concerned. It is true that, even before Freud, the philosopher Dilthey had demanded that another approach should be added to natural-scientific "explanation," i.e., to the demonstration of causal-genetic relationships. Dilthey had called this new approach "*Verstehen*" and had meant thereby an "understanding of meaningful connections within the mental realm."<sup>15</sup> Freud, however, was the first to have the audacity to claim that this meaningfulness was all-pervasive. Above all, he was the only one to make a systematic attempt to prove his daring hypothesis.

The "meaning" of a mental phenomenon Freud understood to be "the intention which it serves . . . , its place in the mental sequence . . . , its tendency."<sup>16</sup> He also defined the meaning of a symptom as "its *whence* and its *whither* or *why*."<sup>17</sup> In other words,

<sup>15</sup> W. Dilthey, *Verstehen und Erklären*, Vol. V of *Collected Works*, Leipzig and Berlin, 1924, pp. 139ff.

<sup>16</sup> S. Freud, *op. cit.*, p. 38.

<sup>17</sup> *Ibid.*, p. 251.

"meaningfulness" and "making sense" of a phenomenon signify that the phenomenon has a definite position and value in the process of the unfolding and maturing of a person's existence. This is essentially the same definition of "meaning" (German: *Sinn*) which we find in the French *sens unique* and the old German root *sinnan*. They, too, refer to "going in a definite direction" and "being on the way to somewhere." If Freud conceived of all mental phenomena in these terms, his basic conception of man must have been that of a being who is always "on the way toward a goal." While being thus on the way, man carries out his life possibilities, or, to use one of Freud's favorite terms, his "strivings." According to Freud, man is on the way even—indeed especially—when his inhibitions break down, namely at night (in his dreams) and in the symptoms of his illnesses. The goal of man's way—which coincides with the highest goal of psychoanalytic therapy—Freud characterized as becoming normal and free, not only in his relation with his physician, but also in his relation with his fellows.<sup>18</sup>

In his attempt to "prove" the thorough-going meaningfulness in all psychic phenomena, Freud found that he was forced to attack one of the unquestioned dogmas of most of the philosophers of his time, namely, the claim that mind and consciousness are identical. Freud knew and stated that even here some philosophers had preceded him. Theodore Lipps, for instance, had said that the "general basis of psychical life" is unconscious, and du Prel had stated that "the concept of the mind is a wider one than that of consciousness, in the same way in which the gravitational force of a heavenly body extends beyond its range of luminosity."<sup>19</sup> But Freud's deposal of hitherto all-powerful consciousness went much further into detail than any other philosopher had gone. Always aiming to prove the thorough-going meaningfulness of all mental phenomena, Freud arrived at the conception of a twofold "unconscious," a partner of consciousness but infinitely more powerful. Freud's "unconscious" soon became the most essential of all concepts introduced within the corpus of psychoanalytic theory. He went so far as to designate it as the "true psychical reality."<sup>20</sup> The "quality of being conscious or not" always remained for him "the single ray of light that

<sup>18</sup> *Ibid.*, p. 386.

<sup>19</sup> Both are quoted in Freud's *The Interpretation of Dreams*, p. 612.

<sup>20</sup> S. Freud, *The Interpretation of Dreams*, p. 613.

penetrates the obscurity of depth-psychology."<sup>21</sup> The unconscious became so much the mark of psychoanalytic theory that psychoanalysis, and all doctrines derived from it, eventually became known as "depth" psychologies. "Depth" entered the picture because Freud, further developing Fechner's conception of "psychic localities,"<sup>22</sup> undertook to view mental phenomena in terms of a "topographic" approach, and to regard the unconscious as a "psychical locality," a "psychical system" "below" consciousness.<sup>23</sup>

Freud knew perfectly well that the assumption of an unconscious meant going beyond immediately observable phenomena. He underscored this awareness when he referred to the idea of psychic localities as "conjecture."<sup>24</sup> Hence, he regarded his doctrine of the unconscious not as part of psychology but as part of metapsychology. Nevertheless, the starting point of his venturing beyond immediately observable phenomena was concrete observations. Among these, Freud cited the everyday occurrence that "an idea which is conscious now is no longer so a moment later. . . . What the idea was in the interval we do not know. We can say that it was *latent*."<sup>25</sup> Freud also recalled Bernheim's experiments in which subjects were given suggestions during hypnosis which they carried out after awakening, without knowing that the source of the suggestions was someone other than themselves. Freud saw further examples of unexplainable phenomena in parapraxes, neurotic symptoms, and dreams—all unexplainable, he thought, unless one assumed unconscious strivings and wishes behind them. As soon, however, as he had dared to assume an unconscious, he found himself forced to introduce complicated distinctions between what is only "latently" unconscious (i.e., "preconscious") and what is unconscious in the narrow sense (i.e., phenomena inaccessible even to the preconscious),<sup>26</sup> In later phases of his metapsychology, he even found it necessary to supplant the concepts "conscious" and "unconscious" to a large extent by those of "ego," "id," and "super-ego."<sup>27</sup>

These distinctions are less important within the context of our

<sup>21</sup> S. Freud, *The Ego and the Id*, London, 1957, p. 18. Trans. by Joan Riviere.

<sup>22</sup> S. Freud, *The Interpretation of Dreams*, pp. 494-495.

<sup>23</sup> *Ibid.*, pp. 536-537.

<sup>24</sup> *hoc. cit.*

<sup>25</sup> S. Freud, *The Ego and the Id*, p. 10.

<sup>26</sup> S. Freud, *The Interpretation of Dreams*, p. 603.

<sup>27</sup> S. Freud, *The Ego and the Id*, pp. 7-88.

present discussion than another development of the concept of the unconscious. At first, Freud stated, "unconsciousness seemed . . . only an enigmatical characteristic of a definite mental act."<sup>28</sup> But as time went on, it came to mean more:

The index-value of the unconscious has far outgrown its importance as a property. The *system* revealed by the sign that the single acts forming parts of it are unconscious we designate by the name 'The Unconscious' . . . this is the . . . most significant sense which the term 'unconscious' has acquired in psycho-analysis.<sup>29</sup>

In other words, what originally had been a property of a mental phenomenon suddenly came to mean a psychic locality or a psychic system. As such, the unconscious assumed the stature of an independent entity, with properties and laws peculiar to itself.

As characteristics of processes belonging to the "system of the unconscious," Freud mentioned the looseness of associative connections; the concentration in a single ideational element of the intensity of whole trains of thought; the freedom with which such intensities can be transferred, resulting in the phenomenon of "displacement"; the fact that mutually contradictory thoughts persist side by side; the stress laid upon making cathecting energy mobile and capable of discharge, etc.<sup>30</sup> Freud coined the term "primary process" for this type of thinking—which he thought of as taking place within the psychic locality of the unconscious—to distinguish it from the reality-oriented "secondary process" of waking adult thought. The processes within the unconscious supplant outer reality with an inner one, regulated by the play between the pleasure and unpleasure principles (see p. 77).

In a chapter significantly titled "Justification for the Conception of the Unconscious," Freud states that the assumption of an unconscious is both "*necessary* and *legitimate*" and that he has incontrovertible proof of its existence.<sup>31</sup>

The assumption of an unconscious is *necessary*, Freud said, because of the large gaps in the data of consciousness. Examples would be associations whose derivations we do not know and finished products of thinking arrived at in ways we do not know.

<sup>28</sup> S. Freud, "A Note on the Unconscious in Psycho-Analysis," in *CP*, Vol. IV, p. 29.

<sup>29</sup> *hoc. cit.* Italics added.

<sup>30</sup> S. Freud, *The Interpretation of Dreams*, pp. 591ff.

<sup>31</sup> S. Freud, "The Unconscious," pp. 166-167.

AH these conscious acts remain disconnected and unintelligible if we insist upon claiming that every mental act that occurs in us must also necessarily be experienced by us through consciousness; on the other hand, they fall into a demonstrable connection if we interpolate between them the unconscious acts which we have inferred. A gain in meaning is a perfectly justifiable ground for going beyond the limits of direct experience.<sup>32</sup>

The assumption of an unconscious becomes *legitimate* because "in postulating it we are not departing a single step from our customary and generally accepted mode of thinking. . . . That other people, too, possess a consciousness" is, after all, also an inference by analogy.<sup>33</sup> Incontrovertible proof of the existence of the unconscious, finally, was for Freud the fact that successful practical procedures can be constructed on this basis.<sup>34</sup>

Many objections to Freud's justifications of the unconscious come to mind. To argue back from successful procedures, for instance, is not proof at all, for there are many examples of successful techniques arising from hypotheses later proved false. The development of electrodynamics is ample proof of such a fallacy. Not even the immense successes and discoveries of the exact natural sciences in regard to so-called dead nature are able to prove that the real core of this "dead nature" is elucidated by their theories at all. Likewise, any attempt to prove the reality of the unconscious by the usefulness and practical effects of this concept is more than dubious.

Concerning the legitimacy of assuming an unconscious, we concede that it is as legitimate as the assumption of a consciousness. But then the question arises as to the legitimacy—and this can only mean the adequacy—of the assumption of a consciousness. This concept seems completely self-evident. And yet no one has ever been able to state convincingly just what consciousness would have to be or what its nature must be if it is a primarily immanent, subjective thing and yet capable of receiving within itself external objects, of taking notice of them and their meaningful content. Such consciousness of objects would be the inescapable condition for consciousness of self, because the latter is possible only in contrast to something else. It is as impossible to state the nature of a consciousness as it is to define the nature of a human psyche which

<sup>32</sup> *Ibid.*, p. 167.

<sup>33</sup> *Ibid.*, p. 169.

*Ibid.*, p. 167.

could "have" and "carry around" this mysterious consciousness.<sup>35</sup>

Freud strove diligently and incessantly to clarify the concept of consciousness, because he was fully aware of the decisive importance of such an endeavor for an understanding of the negation of consciousness, i.e., the notion of an unconscious. All he came up with, however, was that "consciousness is the *superficies* of the mental apparatus."<sup>36</sup> As such, it is part of the ego, which, in turn, Freud defines as the "coherent organization of mental processes."<sup>37</sup> The role of consciousness is "*only that of a sense organ for the perception of psychological qualities. . . .* Excitatory material flows in to the Cs. sense-organ from two directions: from the *Pcpt.* system [i.e., from the outside] . . . and from the interior of the apparatus itself."<sup>38</sup> In order that the most important content of consciousness—the thought processes—may become conscious, a special condition must be fulfilled. They must come into connection with the verbal images that correspond to them. The verbal images, in turn, must be regarded as verbal memory-residues derived primarily from auditory perceptions.<sup>39</sup> If these conditions are fulfilled, thought processes arising from the unconscious—in themselves without quality—acquire quality and thus can be received as perceptions by the consciousness.<sup>40</sup>

When Freud had arrived at this point, he discovered that his ideas about consciousness did not keep the promise they had seemed to make. He recognized that with children, for example, the distinction between conscious and unconscious "leaves us almost completely in the lurch. . . . [In children, he states,] the conscious has not yet acquired all its characteristics; . . . it does not as yet fully possess the capacity for transposing itself into verbal images."<sup>41</sup> Because of these difficulties, Freud had to content himself with having recognized the obscurity in regard to the problem.<sup>42</sup> He had long before admitted implicitly that he was actually not very certain

<sup>35</sup> E. Husserl's *Logische Untersuchungen*, 4th ed., Halle, 1928, in which modern philosophy probably progressed furthest so far as the examination of the problem of consciousness is concerned—and yet failed.

<sup>36</sup> S. Freud, *The Ego and the Id*, pp. 19-20.

<sup>37</sup> *Ibid.*, p. 15.

<sup>38</sup> S. Freud, *The Interpretation of Dreams*, pp. 615-616.

<sup>39</sup> S. Freud, *The Ego and the Id*, pp. 20 ff.

<sup>40</sup> S. Freud, *The Interpretation of Dreams*, p. 617.

<sup>41</sup> S. Freud, "From the History of an Infantile Neurosis," in SE, Vol. XVII, pp. 104-105.

<sup>42</sup> Loc. cit.

about what human consciousness really was and that he was aware of the intricacies of this problem. In his description of Bernheim's hypnotic experiments, Freud had pointed out that the hypnotist is able to make his subject remember what happened during hypnosis, even if the latter does not seem at first to know anything about it. Because the subject, Freud had stated, does have knowledge of what transpired (provided the hypnotist presses him to remember it), and because he has not learned anything in the meantime from any other quarter, the conclusion is justified "that these recollections were in his mind from the outset. They were merely inaccessible to him; he did not know that he knew them, but believed that he did not know."<sup>43</sup>

Fundamentally, the obscurity which veils the problem of the consciousness originates in the fact that it is impossible to understand "consciousness" as arising out of quality-less excitations and as a property of the surface of an apparatus. It is hardly worth mentioning that it is equally impossible to understand "consciousness" in connection with language in the way Freud tried to comprehend it. The phenomenon of human language cannot be reduced to residues and memories of sensory stimuli and auditory sensations; even the senseless gibberish of a parrot cannot be explained this way. It remains unintelligible how consciousness can rise out of an enigmatic connection between "unconscious thought processes" and corresponding "auditory stimuli." Above all, it is simply not true that we perceive "auditory stimuli" when we hear a child cry, for instance, or a train whistle. Nor do we perceive only "visual stimuli" or "visual sensations" when we become aware of a tree standing over there in the garden. On the contrary, we primarily and directly hear *someone crying* or *something whistling*; we perceive a *tree* standing over there.

Unfortunately, Freud's peculiar ideas concerning the becoming-conscious of trains of thought (by means of energy cathexes of auditory verbal memories) had a considerable, and mostly detrimental, influence in psychoanalytic therapy. We will return to this subject later on (pp. 244 ff.).

The phenomenon which the obscure concept of a consciousness hides rather than elucidates is neither a mysterious property of an energetic psychic process that is quality-less as such, nor is it a

S. Freud, *A General Introduction to Psychoanalysis*, p. 93.



psychic locality within a subject or an apparatus. Such ideas make it forever impossible to understand my becoming aware of myself as well as of the table, the house, the people around me—aware of them, moreover, as what they actually are, i.e., as *this* table, *that* house, *those* people. This "capacity" for becoming aware of something, hitherto thought of as a property or an act of a posited, unclarified consciousness, is nothing of the kind but simply evidence of man's primary openness and awareness, which, in turn, is the very essence of his existence and never merely the property of an unknown X. The recognition that others have the same ability as I do to understand—or to become "conscious" of—something is not based on deduction or analogy (as are, according to Freud's own statements, his notions of a consciousness and an unconscious). This recognition is, rather, an integral part of man's fundamental openness for an immediate understanding and perceiving of a being as the being it is—of a human being, for instance, as a being that exists in the same way as the one who perceives.

Freud felt that the scientific advantage which could be gained by assuming causal connections within the mental realm of a posited unconscious was sufficient motive for going beyond immediate experience. Actually, Freud abandoned his central aim and violated his own brilliant innovation of seeing human phenomena in a meaningful historical perspective when he interpolated assumed processes. For this type of procedure amounts to a radical retreat to the methods of natural science, which constructs intellectually arrived at causal connections. Nothing is gained for the understanding of *meaningful* connections, which are in fact hidden from view from the beginning in such an approach. Therefore, the desire for discovery of meaningful connections can never be a valid motive for the assumption of an unconscious lying beyond immediate experience.

The assumption of an unconscious is necessary only if one accepts Freud's underlying philosophy as obviously true. Then, of course, the hypothesis of a psychic container, a psychic locality, or a psychic system is unavoidable. All the manifold psychic transformation processes which Freud assumed behind the immediately given phenomena require such a psychic "black box," since they admittedly can never be seen.

However, to assume an unconscious does not further the genuine understanding of human possibilities of behaving. After all, the

concept of an unconscious is but the negation of the notion of a consciousness. It is hard to imagine how the mere negation of a notion which is itself completely unclarified could possibly be of any help for a more adequate elucidation of the basic nature of man. Again we must repeat that the central issue remains as mysterious as ever: how physiological stimuli and other excitations can of themselves produce perceptions and thoughts, let alone create a whole world. No theory which pictures man as an object (e.g., analogous to a camera) will ever be able to explain human perceiving, thinking, and acting, be it correct or incorrect. To mention just one point, such a theory forgets that no camera can perceive the picture on the film as a reproduction of something. Thus even if we retain the analogy Freud used, we discover that the most essential part is missing: the photographer. If one argues that Freud included the photographer by implication, one still misses the essential point and fails to clarify the basic question. The real issue is that no camera could ever come face to face with an object to be photographed unless the photographer (i.e., a human being) had previously perceived the object as an object he is interested in. Hence it follows that, for human perception *qua* perception and understanding, a camera—or a camera-like "psyche" with the lens systems of a consciousness and an unconscious—is completely superfluous. Neither psychic mechanisms (supposed to take place within these systems) nor any actually demonstrable physiological processes in the eyes and the brain could ever contribute to an elucidation of human perception as such. Rather is it the other way around. Only a full understanding of the latter will throw light on the true nature of its so-called underlying processes.

*The Daseinsanalytic Reasons for Dropping the Assumption of an Unconscious.* One of the immeasurable advantages of the Daseinsanalytic understanding of man lies in its making superfluous the assumption of an unconscious. Analysis of *Dasein* makes us realize that we have no basis for conjecturing the existence of subjective images which mirror an independent, external reality, nor for assuming processes (occurring in some intrapsychic locality) which fabricate ideas and thoughts which correspond more or less to this external reality (*cf.* pp. 81ff.). Instead, analysis of *Dasein* enables us to become aware that the things and fellow men which an individual encounters, appear to him—within the meaning-disclosing light of his *Dasein*—immediately (and without any subjective

processes being involved) as what they are, according to the world-openness of his existence. Because it is the essence of *Dasein* to light up, illuminate, disclose, and perceive, we always find *Dasein* primordially *with* what it encounters, similar to so-called physical light. Light, too, is always "out there," shining *on* the things which appear within its luminous realm. Relating to the things in the way of being-with-them-primordially, of letting them shine forth and appear, *Dasein* spatializes itself into its relationships with what it encounters, according to its close or distant concern for the encountered in a given case (see pp. 42 ff.). Thus man exists, consumes his time, and fulfills his *Dasein*. Existing in this fashion, man depends on what he encounters as much as the encountered depends on the disclosing nature of man for its appearance.

From this point of view, one can understand without difficulty that a thing discloses itself even more fully and with greater reality if it appears in "condensation," i.e., if it has several meanings (which may even contradict each other), than if it is unequivocal. Though a thing may show itself in a manner which cannot be defined sharply by concepts, it may yet disclose more of itself than when it reveals only those features which can be forced into an unequivocal definition based on its utilitarian and calculable characteristics, in positivistic fashion. We also have good reason not to limit epithets such as "real" and "correct" to those perceptual phenomena which easily fit within the frame of reference of watch time and three-dimensional space, homogeneously extended. For we have seen (pp. 44ff.) that both are "derived," insofar as they are specific manners in which original temporality and spatiality may be conceptualized. Altogether Daseinsanalysis can grant an immediate and autonomous reality to all kinds of phenomena which, in Freud's view, would be degraded from the start to incorrect deceptions of the unconscious. Daseinsanalysis can do this because it has not prejudged a whole host of phenomena according to an arbitrary decision as to the nature of the world and reality. Daseinsanalysis makes it unnecessary to go beyond immediate experience. It can elucidate without difficulty, on the basis of immediate experience alone, all those psychic phenomena that forced Freud to invent the unconscious. It is easy to demonstrate this.

Freud wondered how an idea could be present in consciousness at one moment and have disappeared in the next. He seemed to have good reason to ask himself what had become of it and where

it had disappeared. It could not have been destroyed; if it had been, the same idea could not reappear a moment later. These questions seem harmless and correct. Yet they do violence to the facts. They depart from immediate experience and must necessarily lead us into a blind alley. What Freud asks for is an explanation of something that does not exist. *Is* it really true that just a moment ago there was an idea in a consciousness and that it was no longer there a moment later? For instance, if I say "I think of Notre Dame in Paris" while physically I am in my home in Zurich, does this thinking of Notre Dame actually mean that I have only an "idea" or an "image" of this Gothic church somewhere in my head or my brain, or in my "mind" or "psyche"? We have only to remember our previous discussion of "idea" in order to discard such an assumption at once as being a mere and unwarranted abstraction which actually can never be traced anywhere. The immediate experience of our thinking of, or remembering, something gives evidence of a completely different state of affairs. At the moment that I think of Notre Dame in Paris I *am* with Notre Dame in Paris and Notre Dame is with me, though "only" in my relationship of thinking of, or remembering, it. Of course, this thinking or remembering of Notre Dame is a different way of relating to this object than my perceiving it visually, as I would if I stood physically before it. Nevertheless, my relationship of thinking of Notre Dame is one of the possibilities of my world-disclosing relationships in whose light the cathedral can make its appearance.

Suppose a subjectivistic psychologist happened to be visiting me while I was thinking of Notre Dame. He might raise strong objections against my statements. He might argue that, hard as I may think of Notre Dame, he still notices my presence in my home in Zurich. How can you then, this psychologist would ask, pretend to be *with* Notre Dame in Paris? The simplest answer to this objection would be another question. Are you sure, I would have to reply, that the body you see moving around in front of you is actually what I, myself, would call my true and complete existence, fully absorbed in my thinking of Notre Dame at this moment? Does your statement not violate the reality of my whole being by pressing it into a partial observation, perceived by someone outside myself? Who has the right to equate my physical body with my whole existence when in actuality I am completely absorbed in my thinking of Notre Dame? My existence extends at the same time into,

and throughout, the whole realm of my world, as disclosed in the light of *all* my luminating relationships. It reaches as far as all these relationships, and it may include my being in Zurich in body and in Paris in thought at the same time. Right now it moves emphatically toward closeness in thought to Notre Dame in Paris.

Once this luminating and primarily ekstastic nature of man's existence is understood, there is no longer any need for the unprovable concepts of ideas and images which whirl around in the brain or mind. On the other hand, if our Daseinsanalytic description is correct, then it is perfectly natural that, after having been open to the appearance of Notre Dame in the way of thinking of it for a moment, I become closed to this perception the next moment and admit another thing or fellow human being into the world-openness, the elucidating, meaning-disclosing clearing which I am essentially. Our example shows that if we do not depart from the immediate experience of what is commonly called an idea or psychic representation "of" something, we need no construct of an unconscious in the sense of an inner psychic locality. All we need to do is talk of the concrete, meaning-disclosing object relations in which, and as which, our *Dasein* exists at a given moment.

Bernheim's experiments in post-hypnotic suggestion, cited by Freud as further proof of the existence of the unconscious, also appear different when viewed Daseinsanalytically. The hypnotic state reveals itself as the hypnotized man's "having fallen prey to" the hypnotist (see pp. 51-52). Man's ability to fall prey in this particular fashion is based on primary being-with, one of *Dasein's* essential characteristics (see pp. 55-56). The hypnotized one has given up his own self to such an extent that he exists only through the hypnotist, undivided from him. When he carries out the commands given during hypnosis by the hypnotist, thinking that he is acting on his own accord, he shows that he has not extracted himself sufficiently from the hypnotist and that he has not yet really come to himself. For this reason, when someone who has been hypnotized says "I," this "I" refers indiscriminately to his *and* the hypnotist's *Dasein*. All those who fall prey to tradition, or to anonymous "everybody," present a related phenomenon. Such persons are unaware of their authentic existential possibilities. In thought and action, they behave according to ancestral attitudes and/or accepted ideas. Yet even they say "I approve of this or that" or "I disapprove" when uttering an opinion.

Freud further founded his assumption of the unconscious on the parapraxes of daily life, such as when a club president, opening a meeting, declares the session "closed."<sup>44</sup> Freud concluded from this slip of the tongue that a counter tendency, hidden in the unconscious of this man, broke through to consciousness on this occasion. Consciously he had wanted to open the session, as he himself testified.

To understand an occurrence of this sort, it is not necessary to picture this man as an apparatus inside of which independent tendencies, motives, and ideas run their course. We regard this man as the total of all his past, present, and future possibilities of relating to his world. This enables us to discover that his relationship of rejection to this particular meeting was by no means buried in some psychic locality within him. On the contrary, he himself was to a very large extent "outside," so to speak, namely in his rejecting relationship to those attending the meeting. At the moment when the lapse occurred, he did not reflect on his containment, but carried it out without thinking in the form of his slip of the tongue. He may, indeed, have closed himself thoroughly to any recognition of his negative relationship to the meeting. Even then he did not repress an isolated tendency or idea into a preconscious or unconscious. It is precisely when an individual defends himself against his becoming aware of a certain world-relationship that he is contained in it all the more and adheres to what he defends himself against. Secretly Freud knew that this is so. Otherwise he could hardly have stated that we can get pointers for the understanding of parapraxes "from the mental situation in which the error arose, from our knowledge of the character of the person who commits it."<sup>45</sup> Certainly a person's mental situation and character are not hidden inside a psychic locality or system, but present themselves within a human being's relationships toward his world.

Freud's conception of the pathogenic factors in neuroses again employs the unconscious. Repressed strivings and ideas are assumed to be responsible for symptoms. Daseinsanalysis is able to see these phenomena in terms of the given world-relations of neurotic patients. Daseinsanalysis thus stays close to the reality of the phenomena involved. Patients' symptoms are understood by asking

« *Ibid.*, p. 38.

*Ibid.*, p. 47.

how their relations to what they encounter are carried out: whether in an open, free, and independent manner or in the unfree manner of non-admitted defenses. We will deal with this question in greater detail in our discussion of the different "defense mechanisms" which Freud considered specific for symptom formation. Here it may suffice to repeat that when neurotic symptoms appear they do not originate from strivings and ideas within a patient's unconscious. The assumptions of an undemonstrable unconscious and of ideas and strivings within it arise from the need of psychological investigators to "explain" what they observe. If we renounce the natural-scientific urge to explain and try to rely, instead, on our immediate observations, the situation of the neurotic patient turns out to be the opposite of the way it is pictured in psychoanalytic theory. The patient is "outside" from the start, i.e., he exists from the outset within and as his neurotic behavior toward his world (a relationship which may or may not also involve the bodily realm of his existence).

The phenomenon which, above all others, made the assumption of an unconscious imperative to Freud was dreams. If one departs from the immediate experience of the dream and tries to explain dream phenomena with the help of abstract concepts developed in working with different subject matter, it is almost inevitable that one arrives at some such conclusion. This is what Freud did. He tells us so himself, in the following passage:

We . . . borrow the following thesis from the theory of hysteria: *a normal train of thought is only submitted to abnormal psychical treatment . . . if an unconscious wish, derived from infancy and in a state of repression, has been transferred on to it.* In accordance with this thesis we have constructed our theory of dreams on the assumption that the *dream-wish* which provides the motive power invariably originates from the unconscious—an assumption which, as I myself am ready to admit, cannot be proved to hold generally, though neither can it be disproved.<sup>46</sup>

Dream *phenomena* do not enable us to recognize infantile wishes as sources of dreams, nor the transformation of a wish into a dream, nor the dream-work which supposedly accomplishes the transformation. It is not surprising, therefore, that all of these suppositions have to be placed in the unrecognizable darkness of a psychic interior, i.e., the unconscious.

S. Freud, *The Interpretation of Dreams*, p. 5g8. Italics in original.

To demonstrate his theory of dreams as clearly as possible, Freud used the following example at the end of *The Interpretation of Dreams*:

A fourteen-year-old boy came to me for psychoanalytic treatment suffering from *tic convulsif*, hysterical vomiting, headaches, etc. I began the treatment by assuring him that if he shut his eyes he would see pictures or have ideas he was then to communicate to me. He replied in pictures. His last impression before coming to me was revived visually in his memory. He had been playing at draughts with his uncle and saw the board in front of him. He thought of various positions, favorable or unfavorable, and of the moves that one must not make. He then saw a dagger lying on the board—an object that belonged to his father but which his imagination placed on the board. Then there was a sickle lying on the board and next a scythe. And there now appeared a picture of an old peasant mowing the grass in front of the patient's distant home with a scythe. After a few days I discovered the meaning of this series of pictures. The boy had been upset by an unhappy family situation. He had a father who was a hard man, liable to fits of rage, who had been unhappily married to the patient's mother, and whose educational methods had consisted of threats. His father had been divorced by his mother, a tender and affectionate woman, had married again and had one day brought a young woman home with him who was to be the boy's new mother. It was during the first few days after this that the fourteen-year-old boy's illness had come on. His suppressed rage against his father was what had constructed this series of pictures with their understandable allusions. The material for them was provided by a recollection from mythology. The sickle was the one with which Zeus castrated his father; the scythe and the picture of the old peasant represented Kronos, the violent old man who devoured his children and on whom Zeus took such unfilial vengeance. His father's marriage gave the boy an opportunity of repaying the reproaches and threats which he had heard from his father long before because he had played with his genitals (cf. the playing of draughts; the forbidden moves; the dagger which could be used to kill). In this case long-repressed memories and derivatives from them which had remained unconscious slipped into consciousness by a roundabout path in the form of apparently meaningless pictures.<sup>47</sup>

This example contains a great number of interpretive conclusions concerning affective and instinctual "derivatives" from the boy's unconscious. Apart from the fact that the essence of such "pictures"

<sup>47</sup> *Ibid.*, pp. 618-619.

remains, as usual, completely unclarified, there is no proof whatsoever in the dream phenomena themselves for the intellectual deductions Freud bases on them. These deductions were not made for the sake of the phenomenon of dreaming, but for the sake of the theory that dreams arise out of unconscious wishes. For this reason, this type of dream interpretation will never be able to defend itself against the accusation of utter arbitrariness. If, however, one does not accept the basis (admittedly unproved) for such deductions, the dagger and the scythe which the boy perceives can be understood (without assuming either a consciousness or an unconscious) as things which correspond to the pitch to which he was attuned, most probably that of anxiety. People in the mood of anxiety are, in the main, open only to the perception of those features of the world that are a threat to them. So it was with this child. We would have to know a great deal more about the dagger and scythe of the boy's dream—more than the references to mythology, which are Freud's and not the boy's—to be willing to label Freud's interpretation (that they derive from unconscious rage and death wishes) anything other than fantasies of the interpreter. It would be impossible to say, without precise knowledge of the mood and the meaningful content the peasant had for the boy, whether this old man was also called in by the patient's anxious mood, or whether he sprang, on the contrary, from the boy's natural longing for the security of a home. One thing remains certain. In order to meaningfully understand this concluding example of *The Interpretation of Dreams*, we can dispense with a great deal of the preceding content of the book, but never with the very first sentence, a sentence which initiated a new epoch. To repeat: "Every dream reveals itself as a psychical structure which has a meaning and which can be inserted at an assignable point in the mental activities of his waking life."<sup>48</sup> This sentence reflects the *élan* of the joy of discovery, alive in a man who had just become aware of a new dimension—the thoroughgoing meaningfulness of all human phenomena—a man who had not, as yet, darkened this insight by theoretical regression into natural-scientific explanation.

Our necessary criticism of the assumption of an unconscious does not blind us to Freud's grasping of a realm fundamentally important to the Daseinsanalytic understanding of man also. In his

"*Ibid.*, p. i.

untiring search for the unconscious, Freud was on the way to the concealed, to concealment as such. Without concealment and darkness, man would not be the world-disclosing being that he is. Light and darkness, concealment and disclosure, belong together inseparably; Freud must have sensed this. He said this, too, of the unconscious: that it contained the "indestructible" forces of the human mind, that it was the "true psychical reality."<sup>49</sup> As a child of his power-hungry time, he was unable to let concealment be the secret it is. He found it necessary to make subjectivistic, psychologistic objects out of concealment in order to be able to drag it into the light and make it usable. As it has always done, and will always do, the secret withstood such characteristically modern impertinence.

#### "PSYCHODYNAMICS"

We have seen that Freud's topographical approach to mental life pictured mental phenomena in terms of a reflex apparatus within which psychic systems—called the unconscious, preconscious, and conscious respectively—were arranged behind each other, analogous to the lenses of a microscope. Freud soon recognized that the topographical approach could not adequately explain all mental phenomena. He felt this inadequacy all the more keenly as soon as he began to ponder the origin of conscious thought processes.

[Thought processes] represent displacements of mental energy which are effected somewhere in the interior of the apparatus as this energy proceeds on its way towards action. Do they advance towards the superficies, which then allows of the development of consciousness? Or does consciousness make its way towards them? . . . Both these possibilities are equally unimaginable.<sup>50</sup>

The only conclusion to be drawn was that the topographical approach was not enough. Not that one would ever want to give it up altogether, Freud speculated, but a *dynamic* view would probably come closer to actual conditions. Freud had been led "from the purely descriptive to a *dynamic* view" by the phenomena he had observed in Bernheim's experiments in post-hypnotic suggestion and

<sup>48</sup> *Ibid.*, pp. 613-614.

<sup>49</sup> S. Freud, *The Ego and the Id*, p. 20.

in hysterical symptoms.<sup>51</sup> He describes his transition from one point of view to the other as follows:

The term *unconscious*, which was used in the purely descriptive sense before, now comes to imply something more. It designates not only latent ideas in general, but especially ideas with a certain dynamic character, ideas keeping apart from consciousness in spite of their intensity and activity.<sup>52</sup>

An even more vivid account of the change that took place in Freud's thinking is contained in the following passage:

We may speak of a preconscious thought being repressed or driven out and then taken over by the unconscious. These images, derived from a set of ideas relating to a struggle for a piece of ground, may tempt us to suppose that it is literally true that a mental grouping in one locality has been brought to an end and replaced by a fresh one in another locality. Let us replace these metaphors by something that seems to correspond better to the real state of affairs and let us say instead that some particular mental grouping has had a cathexis of energy attached to it or withdrawn from it, so that the structure in question has come under the sway of a particular agency or been withdrawn from it. What we are doing here is once again to replace a topographical way of representing things by a dynamic one. What we regard as mobile is not the psychical structure itself but its innervation.<sup>53</sup>

In a different context Freud introduced a "dynamic factor" into his approach to hysteria (as well as to dreams) when he proposed "that a symptom arises through the damming up of an affect."<sup>54</sup> And in a third and last step he added an "economic" factor to the dynamic approach, with the postulate that each symptom is the "product of the transformation of an *amount* of energy which would otherwise have been employed in some other way."<sup>55</sup>

This development of the psychoanalytic theory was inevitable. We need only recall once more Freud's fundamental statement about the main intention of his whole psychology:

We do not merely seek to describe and classify phenomena but to comprehend them as indications of a play of forces in the psyche, as expressions of goal-directed tendencies which work in unison or against one another. We are striving for a *dynamic* conception

<sup>51</sup> S. Freud, "A Note on the Unconscious in Psycho-Analysis," p. 24.

<sup>52</sup> *Ibid.*, p. 25.

<sup>53</sup> S. Freud, *The Interpretation of Dreams*, pp. 610—611.

<sup>54</sup> S. Freud, "An Autobiographical Study," in SE, Vol. XX, p. 22.

<sup>55</sup> *hoc. cit.* Italics added.

of psychic phenomena. Perceived phenomena must in our conception recede behind the assumed, posited tendencies.<sup>56</sup>

These posited, assumed "forces in the psyche" Freud called drives, or instincts or impulses. For their assumed energy he coined the term "libido." On this basis he was able to erect the elaborate edifice of his "libido theory," with all its extremely complicated drive and partial-drive mechanisms and its physical-chemical metaphors of drive mixtures, drive decompositions, drive neutralizations, drive transformations.<sup>57</sup> By this intellectual procedure, Freud aimed at nothing less than to imitate the sciences which deal with inanimate nature—that is, to make human phenomena quantifiable, calculable, predictable, producible (if desired), or repairable (if regarded as pathological). In the latter case, Freud thought that to make an ailment disappear, one had simply to eliminate what was assumed to be its first causal force.

We need not be surprised that Freud's psychodynamic and economic theories have found widespread acceptance in contemporary psychology and psychopathology, particularly in America. Basically, today's technique-oriented thinking—which has to a large extent subjugated the behavioral sciences as well—is at a loss to explain anything except on the basis of physicalistic and energetic principles such as are found in Freud's theory. More important still, since Descartes' time the natural scientists even have presumed dogmatically that only that can be called real which would yield itself completely and with certainty to an exact mathematical physicalistic explanation and calculation. Under the fascination of this dogma, psychology and psychiatry, in order to be recognized as sciences of real phenomena, have been most anxious to ascertain their objects accordingly. Freud's libido theory seems to serve this purpose best if one is able to ignore completely its purely speculative, unascertainable character.

It is true that many psychoanalysts have long since discarded Freud's libido theory and that they consider many of his psychic mechanisms and chemisms as archaic ways of thinking. If, however,

<sup>56</sup> S. Freud, *A General Introduction to Psychoanalysis*, p. 60.

<sup>57</sup> See S. Ferenczi, "Das Problem der Unlustbejahung (Fortschritte in der Erkenntnis des Wirklichkeitssinnes)," *Int. Zschft. f. Psychoanalyse*, Vol. XII, 1926; H. Hartmann, "Notes on the Theory of Sublimation," in Ruth S. Eissler *et al.*, eds., *The Psychoanalytic Study of the Child*, Vol. X, New York, International Universities Press, 1955, pp. 9-29.

these psychoanalysts are asked what conceptions of their own have replaced Freud's "archaic" mental constructions, usually they are at a loss for an exact answer. Or they have merely exchanged the old Freudian term "psychic mechanisms" for the more modern expression "psychodynamics." But what they actually mean by "psychodynamics" is not at all clear either. It seems as if this modern psychological catchword has a different meaning for every psychoanalyst who uses it. Most generally it is understood to distinguish the psychoanalytic approach from purely static descriptions, as being concerned with the genesis, the development, the becoming of the psychic phenomena. But however manifold the connotations of the term "psychodynamics" may be, its very root always remains the *dynamis*, and the meaning of *dynamis* for some centuries now has been reduced to the idea of forces and energies. Thus all the psychodynamic theories cannot avoid being governed basically by the old Freudian conception. This is true even if some modern "psychodynamic" psychologists seek, by the use of the expression, to point to the development of psychic conflicts or of conflicting motivations. Even if "psychodynamics" are understood in this sense, it must not be forgotten that the very word "motivation" is derived from the Latin *movere*, to move. Every movement requires two elements: the mover and the moved. However, what or who is supposed to move whom or what in the sphere of human motivation? In modern thought, movement is imagined always as an event caused by some kind of forces. Therefore, psychology has imagined the movement of human motivation to be also effected by forces, i.e., by psychic drives. The drives within the psyche, it is maintained, would then impel the ego toward these or those wishes, volitions, or actions. The hunger instinct impels the ego to seize and eat an apple, for instance. The ego is the driven, the moved; the hunger drive sets the ego in motion, thus motivating the ego to eat the apple, in the sense of a *cause* of movement.

If I see a ragged beggar squatting at the edge of the road, the imagination of his misery which the sight of him has released in my "ego-consciousness" is assumed to be the motive moving me possibly to give alms. But now the situation is reversed. My ego, with the representation of the suffering beggar in its consciousness, is now assumed to be the mover; a specific imagination within the ego has become a motive which drives me to achieve an external aim—in this case, the alleviation of suffering. Nevertheless, this teleological

conception of human motivation is not to be separated from its causal aspect, for the representation of an object in the ego-consciousness can motivate a person to perform an act only insofar as it can waken the instincts and drives within his psyche and guide them in a specific direction. Both ways of looking at the matter, the causal and the teleological, remain within the same mechanistic frame of reference, in which ideas of driving forces prevail. Wherever drives are imagined, the ruling principles are pressure and thrust, as in machines.

Furthermore, the "psychodynamic" psychologists should not shut their eyes to the fact that the notion of drives, while borrowed from the physicists, corresponds to their *vis a tergo*, i.e., forces moving, pushing something from behind. In the field of psychology, however, our immediate experience does not at all show us any such moving or pushing from somewhere behind ourselves. Indeed the reverse is true. Something which has shown itself in the light of a human existence immediately as that which it is may become *attractive* to somebody. In other words, it may *draw* his whole being toward it and engage him in caring for it in this way or another.

Freud himself was not always sure about the reality of the psychic drives, notwithstanding the fact that he had made them the very foundation of his whole theory. Once even he admits frankly: "The theory of the instincts is, as it were, our mythology. The instincts are mythical beings, superb in their indefiniteness."<sup>88</sup>

The rather careless use of physical metaphors by the "psychodynamic" psychologists contrasts even with the thinking of some physicists. The latter, indeed, frankly admit nowadays that dynamic causal connections cannot explain a necessary and lawful emergence of one event from another, or prove the reality of a thing. On the contrary, the so-called neo-empiricists among contemporary physicists reduce the meaning of the concept of causality to the idea of "if-then, always-up-to-now." They can no longer (nor do they wish to) claim that there has never been an unobserved event which contradicts dynamisms so defined. Nor do they claim to know of any provable reason why observed events will always in the future repeat the "if-then, always-up-to-now" without exception. That inductive logic in natural science counts on such steady repetition

<sup>88</sup> S'. Freud, *New Introductory Lectures on Psycho-Analysis*, New York, 1933, p. 131. Trans. by W. J. H. Sprott.

is regarded by modern empiricists as merely a highly probable hypothesis; a hypothesis, moreover, which is fundamentally devoid of any power to render intelligible the inner relation between the occurrences of this steadily repeated chain of events.<sup>59</sup>

The problem of causality is compounded when the concept is applied to man in the form of psychodynamic hypotheses. Whether "psychodynamics" is used in the strict Freudian sense or in its present, unclear meaning, it remains unintelligible how "forces," instincts, or partial instincts could "cause" an observable human phenomenon, so long as "to cause" is used in the one sense to which the (originally four-fold) causality of Aristotle has become reduced in our days, namely, in the sense of *causa efficiens*. A *causa efficiens* is supposed, by definition, to be able to produce something out of something else by acting on it and by making it change into a different something, a new product or effect. This conception of "causing," however, would be meaningful only if we could spot that point in time when a cause actually turns into an effect: a something different from the cause, a something which was not inherent in the cause, either in form or in substance. But how could a psychic phenomenon ever "arise through the damming up of an affect," be produced through "innervation" of an assumed mental "structure," or be "the product of the transformation of an amount of energy which would otherwise have been employed in some other way"? How can all this happen if experienced mental phenomena are supposedly "in themselves without quality" and derive the energy which makes them experience-able from processes of excitation in some organ?<sup>60</sup> How can isolated thoughts have the character of wanting to stay away from something? Not the faintest corner of a human world can possibly be the effect or result of blind forces, drives, and impulses, for there is no human world whatsoever without the understanding, meaning-disclosing relationships to what shows itself in the lucidity of a human existence. "Psychodynamic" conceptions cannot explain the emergence of such a world any better than can the concept of a psychic reflex apparatus conceived in topographic terms.

The abstract and comparatively meaningless character of modern talk about a psychodynamic understanding of the etiology of the

<sup>59</sup> See, for example, H. Reichenbach, *The Rise of Scientific Philosophy*, Berkeley 1951, Chapter 10.

<sup>60</sup> S. Freud, *Three Essays on the Theory of Sexuality*, in SE, Vol. VII, p. 168.

neuroses becomes even more obvious if one recalls what *dynamis* and *aitia* (the root of "etiology") originally meant. "Dynamics," today, refers to the doctrine of motion—in Greek, *kinesis*. In modern thinking every motion is the result of a force or of kinetic energies. The fundamental nature of forces and energies, though, remains completely in the dark. *Kinesis* to the ancient Greeks meant "the turning of something into the gestalt and form of something else." If a piece of wood is shaped into a table, Aristotle would have said that such a happening is *kinesis*. For the ancient Greeks it was not a supposed force which produced the table. For them the skill of the carpenter released a disposition toward its appearing which already was in the wood from the outset. *Dynamis* in its original sense is simply the possibility of giving rise to such a *kinesis*. This *kinesis* (or changing) has nothing whatsoever to do with the modern word "energy," a concept which, by the way, also has become completely alienated from its Greek root *ergon*. *Ergon* originally meant "a work which presents itself in its fullest richness and completion." The ancient *dynamis*, then, is badly misused when the notion of "dynamics" refers today only to forces, displacement of forces, or transformations of forces by which something is said to be produced out of something else in an enigmatic and magic way.

*Aitia*, on the other hand, originally meant "that which provides the opportunity for the emergence of something." *Aitia*, in other words, refers to something which, by its mere presence, occasions the coming forth and coming into its being of something else. This is a far cry from today's commonly accepted meaning of "etiology" as referring to the causal-genetic derivation of a thing or a phenomenon from another object.

Today's ideas concerning "psychodynamics" are too empty and abstract to be capable of furthering any genuine understanding of man and his world. At any rate, these ideas do not justify the psychodynamic thinker's feelings of superiority to those who are content with the "static" description of symptom complexes. Daseinsanalysis surmounts the "statism-dynamism" dichotomy altogether. It goes back to a point "before" both of these intellectual categories. It focuses "only" on what can be experienced immediately, and it regards all phenomena as being of an equally genuine and authentic nature. At the same time, however, Daseinsanalysis is fully aware of the fact that every human phenomenon which



*IOH Daseinsanalytic Re-evaluation of Psychoanalytic Therapy and Theory* presents itself at this very moment is fundamentally inseparable from its whole past as well as from its future. In other words, Daseinsanalysis can never be accused of neglecting the patient's life history. It knows only too well that man's past as well as his future arc going on in any given phenomenon of his immediate present, determining it and thus being "present" in it, each in its own specific way of actuality. Therefore, we can throw psychodynamics overboard as superfluous baggage. Abstractions of this sort are unnecessary in view of the insight of analysis of *Dasein*: that man's existing is of a primary disclosing, elucidating nature; that in the light of man's existence everything that has to be, including all so-called psychic phenomena of one's own self as well as those of one's fellow men, may appear—and thus come into being and unfold themselves in the course of a life history—each in an equally authentic manner. To attribute any anthropomorphous psychic or subjective forces and dynamisms to this ongoing emergence of appearing phenomena (actually a pleonasm in itself) is sheer fantasy.

Thus the discussion of the concept of "psychodynamics"—a most typical offspring of natural-scientific thinking—is well suited to demonstrate once more the basic discrepancy between the natural-scientific approach and the Daseinsanalytic understanding of man. The concept of "psychodynamics" tries to derive every phenomenon from something else by assuming a causal energy, capable of transforming itself into an appearing thing. Analysis of *Dasein*, on the other hand, strictly abstains from such assumptions. It tries to stick to what is immediately experienced, i.e., to the phenomena which show themselves in the light of our *Dasein* with all their inherent meanings and references.

We fully realize that the believers in "psychodynamics" scornfully dispose of the Daseinsanalytic approach by calling it "naive" because its insights sound so simple. They may be warned, though, not to confuse the complicated intricacy of their intellectual constructs with a higher degree of truth. The Daseinsanalyst, provided he stays strictly with the immediately shown meanings of observed phenomena, may achieve a more adequate and more exact understanding of man's essential nature than the traditionalistic scientist whose "exactness" depends solely on intellectual deductions and reductions. In this sense Daseinsanalysis may yet turn out to be more "scientific" than the "psychodynamic" approach if "scientific"

is taken in the genuine, literal meaning of its Latin roots, *scire* and *facere* (see p. 29).

## "AFFECTS" AND "EMOTIONS"

Affects, emotions, passions, and feelings are said to constitute the non-rational part of our psychic life. Within the science of psychopathology all these psychic conceptions were a half-century ago subsumed by Eugen Bleuler under the common heading of "affectivity." Since that time this notion has been increasingly important in psychology and in psychiatry as a whole, both within and outside the psychoanalytic schools. Freud, for instance, has no scruples about declaring that the affects are "the only valid elements in the life of the psyche" and all psychic forces are "only significant through their capacity to arouse emotions."<sup>81</sup>

However, the growing significance of "affectivity" is in striking contrast to the inadequacy and vagueness of what psychologists and psychiatrists are able to say in detail about it. Even the philosophically trained psychiatrist Karl Jaspers has to put us off with the following statement:

Ordinarily we designate as "emotions" everything psychic which can neither be attributed clearly to the phenomena of the objective consciousness nor to urges and acts of volition. All undeveloped, indistinct psychic formations, all those that cannot be comprehended and elude analysis, are called emotions; in other words emotions are everything that we should otherwise not know what to call. . . . It is still not known what an affective element is, what elements there are, how they are to be classified.<sup>82</sup>

The psychoanalytic theory, of course, is not really interested in the description and the understanding of the affective phenomena as such. In typically scientific fashion it immediately inquires as to the causal-genetic origin of the affects in general and as to what an affect is in the dynamic sense.<sup>83</sup> Freud's reply to the first question is that the

affective states have become incorporated in the mind as precipitates of primeval traumatic experiences, and when a similar situation occurs they are revived like mnemonic symbols. I do not

<sup>81</sup> S. Freud, "Delusions and Dreams in Jensen's *Gradiva*" in SE, Vol. IX, p. 49.

<sup>82</sup> K. Jaspers, *Allgemeine Psychopathologie*, Berlin, 1923, p. 77.

<sup>83</sup> S. Freud, A *General Introduction to Psychoanalysis*, pp. 343-344.

think I have been wrong in likening them to the more recent and individually acquired hysterical attack and in regarding them as its normal prototypes.<sup>64</sup>

As to the second question, Freud is of the opinion that in his previous discussions he had understood an "instinctual representative" to be

only an idea or group of ideas which is cathected with a definite quota of psychical energy (libido or interest) coming from an instinct. Clinical observation now obliges us to divide up what we have hitherto regarded as a single entity; for it shows us that besides the idea, some other element representing the instinct has to be taken into account. . . . For this other element of the psychical representative the term *quota of affect* has been generally adopted. It corresponds to the instinct in so far as the latter has become detached from the idea and finds expression, proportionate to its quantity, in processes which are sensed as affects.<sup>65</sup>

In this way, however, affects—in contrast, let us say, to Jaspers' "unclear" and "undeveloped unanalyzable psychic formations"—have become things that seem to be comprehensible even quantitatively, namely, "drive conversion products." As such the affects are characterized by Freud, moreover, as "displaceable quanta," which may be cathected with the other type of drive representations, i.e., the "ideas," may "adhere" to them, but detach themselves from them again, be torn away from them, be "dislocated" and "transposed" and "vented" or "ab-reacted" in deeds or words. Freud's conceptions of the affects rather frequently assume such an intensely real shape that they are in his theory even "strangled." Finally, Freud also emphasizes the marked participation of the body in all affects. This is thought to be so "obvious and tremendous" that many psychologists believed that "the reality of the affects consisted only in their bodily expressions." At any rate, Freud attaches to the "displaceable quanta," which he calls affects, such a decisive importance that he regards "their fate as crucial both for the onset of the illness and for the recovery."<sup>66</sup>

Elsewhere, despite all these many precise, almost physico-chemically exact characterizations of the affects, Freud goes on

<sup>64</sup> S. Freud, "Inhibitions, Symptoms and Anxiety," in *SE*, Vol. XX, p. 93.

<sup>65</sup> S. Freud, "Repression," in *SE*, Vol. XIV, p. 152.

<sup>66</sup> S. Freud, *SE*, Vol. XIV, pp. 152-153; An *Outline of Psychoanalysis*, edited by J. S. Teslaar, New York, 1924, p. 30, trans. by H. W. Chase; *SE*, Vol. IX, p. 49; *SE*, Vol. II, p. 17; *SE*, Vol. VII, p. 287; *SE*, Vol. II, p. 280; *CP*, Vol. I, pp. 67-68.

to make the following astonishing admission: "We do not, however, regard what we know of affects as at all final; it is a first attempt to take our bearings in this obscure region . . ."<sup>67</sup>

On occasion Freud goes to even greater lengths of self-criticism to express profound doubts about the reality of his conceptions of the affects in general. He then calls these mere "phrases." The separation of an "idea" from its "affect" and the connection of the "affect" with another "idea" are said to be

processes which occur outside consciousness—they may be presumed but they cannot be proved by any clinical-psychological analysis. Perhaps it would be more correct to say: These processes are not of a psychical nature at all, but are physical processes the psychical consequences of which are so represented as if what is expressed by the words 'detachment of the idea from its affect and false connection of the latter' had really happened.<sup>68</sup>

Obviously the situation of the concept of "affect" is similar to that of the "other component of the drive representation," the "ideas," the "mental images," or the "inner-psychic object-representations within the Consciousness or the Unconscious of a person," which have already been discussed. The phrase "to have affects" seems to be as obscure as the assertion that we have inside us representations of objects of the external world. In view of such perplexity on the part of non-analytic psychology and psychiatry and in the face of such deep-seated doubts which Freud himself raises against his speculations on the affects, we have everything to gain by calling to our aid the Daseinsanalytic understanding of man. To be sure, if we decide to take this step, fraught as it is with the gravest consequences, we shall have to abandon at the outset any idea of a mere correction of the previous psychological explanations of the affects, emotions, passions, and feelings; for if we dwell on the reality of human existence as revealing itself immediately, we shall be compelled first of all to discover that when confronting what are ordinarily called affects and emotions, we are not dealing with psychological matters at all, nor even with a psychology buttressed by physiology and biology. To be sure, the fact that affects and passions and emotions also include those things that physiology has claimed as its province—certain bodily states, the internal secretions, muscular tensions, neural processes—is not to be denied, and

<sup>67</sup> S. Freud, *A General Introduction to Psychoanalysis*, p. 344.

<sup>68</sup> S. Freud, "The Defence Neuro-Psychoses," in *CP*, Vol. I, p. 67.

should by no means be denied. However, the question must be raised whether all this corporality, and the body itself in its own vitality and humanity, are comprehended adequately and with sufficient thoroughness by physiology and biology that the science of man could without further ado draw on these sciences. The answer can only be in the negative.

If we seek to get at the so-called non-rational side of the psychic life on the basis of the Daseinsanalytic understanding of man, we need, first, a more careful distinction. One affect, for example, is anger. On the other hand, when we speak of "hate," we do not mean merely something different in degree from what we mean by "anger." Hate is not merely another affect; it is, strictly speaking, not an affect at all but a passion. Both, however, we call "emotions." We cannot decide and undertake to have a fit of anger. It assaults us, falls upon us, affects us, suddenly and tempestuously. Anger rouses us up, lifts us above ourselves, in such a way that we are no longer in control of ourselves. It is said, "He acted in a fit of emotional distraction." Colloquial language is very accurate when it says of a person acting in a state of excitement that "he is not really himself." In the fit of excitement, the state of being collected vanishes. We say, too, that a person is "beside himself" with joy or infatuation.

Nor can the great passions of hate or love be produced by a decision. Like the affects, they too seem to fall upon us suddenly. Nevertheless, the assault of passion is essentially different from a fit of anger, or other emotion. Hate can break out suddenly in a deed or in an utterance, but only because it has long been rising within us and has, as we say, been nourished within us. On the other hand, we do not say and never believe that anger, for example, is being nourished. While the passions, such as hate, bring into our being a primordial compactness, hold our whole being together, and are enduring states of our existence, a fit of anger, on the other hand, subsides again as fast as it came over us. It "blows over," as we say. Hatred does not blow over after its outbreak, but grows and hardens, eats into and devours our entire being. This collectedness of our being brought about by the passions of hate and love does not close us off, does not blind us, but makes us see more clearly, makes us deliberate. The angry man loses his senses. The hating man's senses are heightened. The great hatred of a paranoiac, for instance, makes him aware of the slightest traces of hostility in his

fellow human beings. Their great love renders lovers acutely sensitive, visually and aurally, to even the faintest and remotest indications of possibilities of beauty and goodness in the partner. Only anger is blind, and infatuation. They are affects, not passions. The latter embrace what is wide-sweeping, what opens itself up.

Sometimes affects and passions are called "emotions," if not actually "feelings." But when we attach the word "emotion" to a passion, this strikes us as an enfeeblement of the idea. A passion, we think, is "more" than an emotion. Yet if we refrain from calling passions emotions, this does not mean that we have a higher conception of the nature of passion; it could also be a sign that we employ too inadequate a conception of the nature of emotion. This is in fact the case when psychological science in general affirms that the psyche possesses the capacity to "have" emotions or that emotions are to be regarded as functions of our psyche, and when the psychoanalytic theory in particular adds that these emotions are drive representations or transformed instincts within us. In doing this, psychology from the very start squanders every possibility of arriving at an insight into what the so-called emotions really are by their very nature.

This emerges from the fact that the artificial terminology of this science speaks of an emotion as a property of a psyche, of a subject, as something which a subject can have. Since it remains scientifically unclear of what nature such a "psyche" or such a "subject" is at bottom, it cannot even indicate how such an ability-to-have emotions should be possible. Our natural language, on the other hand, always says only that somebody *is* "beside himself," *is* "no longer really himself," because of rage or joy or infatuation. Just as naturally we also say that we, as passionately loving or hating persons, *are* with our whole being living only for the beloved one or the hated one, concentrated wholly on him and focused entirely on him. Thus we *have* an affect or a passion or an emotion neither somewhere within us, accompanying us, nor somewhere outside us, around us. Rather, we can only *be* wholly in ourselves what is called emotion or affect or passion. We *are*, in other words, always our so-called emotional states themselves. They, these emotional states, *are* the *melodies*, the different ways in which we, in our respective relationships with what confronts us, find ourselves tuned at any given time, directly and with our entire existence, whether the matter confronting us is what we ourselves are or what we our-

selves are not. As the state of being in tune, the state of attunement or resonance, of our existence as a whole, an affect, a passion, an emotion is at the same time the *particular manner* of world-openness as which we are existing fundamentally at any given moment. Every openness, however, is possible only from out of a closed-inness, just as, vice versa, there cannot be a closed-inness without a primal openness. Openness and closed-inness belong together necessarily and always. It is for this reason that we can become blind in an emotional fit, when, in becoming so, we "are beside ourselves," when, that is, we lose our being with its luminating character in the object of our affect. However, only because our emotional states are fundamentally the ways of our existence's attunement and—as such—the possible ways of world-openness, can we also become, within the passions, clear-sighted and quick of hearing. Hate as well as love collects and concentrates us to an intense degree, within our very being, which is of the nature of a lumination and world-openness. It goes without saying that this collecting moves in a direction which depends upon the passion by which it is brought about.<sup>69</sup>

If, however, we are serious about these new insights into the being of our so-called affectivity, they cannot remain without far-reaching effects on psychology, psychopathology, and psychotherapy as we have known them. The new understanding, for instance, relieves us at once of the necessity of speaking about our affects in terms of physicalistic metaphors, such as an "irradiation of an affect." If the recipient of a libelous and insulting letter, let us say, in his anger at its contents strikes the innocent postman, an affect is by no means "irradiated" from the writer to the carrier of the letter. No one, after all, would be in a position to say really how such a thing as this is supposed to occur. In reality it is the blindness into which the violent anger has closed and obscured the existence of the striker of the blow that deprives him of the necessary power to make discriminations, of the ability to differentiate sufficiently between the writer of the letter and the carrier of the letter.

But what must finally happen to the still more significant psychological notions of an "affect repression," a "transference" of affects, a psychic "projection and introjection" of affects, when we

See M. Heidegger, *Nietzsche*, Vol. I, Pfullingen, 1961, pp. 55 ff.

once make the discovery that in reality things like affects and emotions, as repressible, transferable, and projectible psychic formations do not exist any more than do "ideas," "mental images," or "inner-psychic object representations"?

#### "REPRESSION" AND "RESISTANCE"

Freud points out with justifiable pride that the concept of "repression"—now part of our everyday language—"could not have been formulated before the time of psycho-analytic studies."<sup>70</sup> Repression soon achieved a rank in Freud's doctrine of instincts which almost equaled that of the unconscious into which something is "being repressed." The condition for repression is "a sharp cleavage between conscious and unconscious mental activity"; its essence lies "in turning something away . . . and keeping it at a distance [for defensive purposes], from the conscious."<sup>71</sup> The perpetrator of this disruption of relations is the ego. "The ego withdraws its (preconscious) cathexis from the instinctual representative that is to be repressed and uses that cathexis for the purpose of releasing unpleasure (anxiety)."<sup>72</sup> Such a withdrawal of the cathexis of energy is common to all the mechanisms of repression.<sup>73</sup> It occurs when an instinctual representative (i.e., an idea, mental image, or intrapsychic object-representation on the one hand, or an affect or emotion on the other) is not ego-syntonic. Ego-dystonic ideas or affects, then, are those which are incompatible with the ego's integrity or with its ethical standards. Freud summarizes the process of repression as follows:

Each single [mental] process belongs in the first place to the unconscious psychical system; from this system it can under certain conditions proceed further into the conscious system . . .

The unconscious system may be . . . compared to a large ante-room, in which the various mental excitations are crowding upon one another, like individual beings. Adjoining this is a second, smaller apartment, a sort of reception-room, in which consciousness resides. But on the threshold between the two there stands a personage with the office of doorkeeper, who examines the various mental excitations, censors them, and denies them admittance to

<sup>70</sup> S. Freud, "Repression," p. 146.

<sup>71</sup> *Ibid.*, p. 147.

<sup>72</sup> S. Freud, "Inhibitions, Symptoms, and Anxiety," pp. 92-93.

<sup>73</sup> S. Freud, "Repression," pp. 154-155.

the reception-room when he disapproves of them. . . . It does not make much difference whether the doorkeeper turns one impulse back at the threshold, or drives it out again once it has entered the reception-room . . .

The excitations in the unconscious, in the ante-chamber, are not visible to consciousness, which is of course in the other room, so to begin with they remain unconscious. When they have pressed forward to the threshold and been turned back by the doorkeeper, they are '*incapable of becoming conscious*'; we call them *repressed*. . . . Being repressed, when applied to any single impulse, means being unable to pass out of the unconscious system because of the doorkeeper's refusal of admittance into the preconscious. . . . I should like to assure you that these crude hypotheses, the two chambers, the doorkeeper on the threshold between the two, and consciousness as a spectator at the end of the second room, must indicate an extensive approximation to the actual reality.<sup>74</sup>

Freud goes on to say that the picture he has drawn of conscious and unconscious localities, and the doorkeeper between them, also helps us to understand another important phenomenon constantly encountered in psychoanalytic treatment. "The doorkeeper is what we have learned to know as resistance in our attempts in analytic treatment to loosen the repressions."<sup>75</sup> Neurotic symptoms are "indications of a return of the repressed."<sup>76</sup> Whenever psychoanalytic treatment tries to undo the repression active in the symptom, and to make repressed strivings conscious, the doorkeeper offers distinct resistance to the return of the repressed. The forces behind this resistance "proceed from the ego, from character traits, recognizable or latent."<sup>77</sup>

Freud candidly admitted that it sounded improbable to propose that the patient who seeks relief from his suffering in psychoanalysis would offer "vigorous and tenacious resistance throughout the entire course of the treatment."<sup>78</sup> And yet, he continued, it is so. Nor is such resistance without analogies. Such behavior is comparable to that of "a man who has rushed off to a dentist with a frightful toothache [but who] may very well fend him off when he takes his forceps to the decayed tooth."<sup>79</sup> Nor must resistances of this kind be narrowly condemned. They can "come to be of the

<sup>74</sup> S. Freud, *A General Introduction to Psychoanalysis*, p. 260  
<sup>75</sup> *Ibid.*

<sup>76</sup> S. Freud, "Repression," p. 154.

<sup>77</sup> S. Freud, *A General Introduction to Psychoanalysis*, p. 262.

<sup>78</sup> *Ibid.*, p. 253.

<sup>79</sup> *Loc. cit.*

greatest assistance to the analysis, if a skillful technique is employed correctly to turn them to the best use."<sup>80</sup> Indeed, one may truthfully say that "the overcoming of these resistances is the essential work of the analysis, that part of the work which alone assures us that we have achieved something for the patient."<sup>81</sup>

Defense, non-admittance, and the central importance of resistance in psychotherapy are phenomena which can readily be acknowledged without at the same time accepting Freud's assumptions concerning them. We need not believe in "instinctual representatives" residing in a consciousness which is pictured as a reception room but which is yet capable of looking. Nor do we have to assume a psychic "doorkeeper" (the ego anthropomorphized) who locks up unwelcome ideas in the ante-room of the unconscious, nor accept speculations concerning "changes of state" and "alterations of cathexis" of unprovable "instinctual representatives."<sup>82</sup> If we look without prejudice at defenses as well as that which is defended against, at resistance and the resisted, we begin to see that they have nothing whatever to do with Freud's hypotheses concerning the inner structure of the psyche or with any of the rest of his abstract speculations. Even the most simple example of a "repression" will show this.

*An Example of So-called Repression.* A nineteen-year-old girl passed by a flower nursery on her way to work every day. A young, handsome gardener who worked there seemed obviously interested in her; each time she passed he would look at her for a long time. The girl became excited whenever she was near him, and would feel herself peculiarly attracted to him. This attraction bewildered her. One day she stumbled and fell on the street directly in front of the entrance to the nursery. From then on both her legs were paralyzed.

The doctor diagnosed a typical hysterical paralysis. It took about twelve weeks of psychoanalytic treatment before the patient was able to walk again.

The girl's parents were hostile even to the slightest signs of sensuality, and had educated their children in an extremely prudish manner. All the same, when our patient's hysterical attack occurred in front of the gardener, no "sensual" strivings returned from an

<sup>80</sup> *Ibid.*, p. 256.

<sup>81</sup> *Ibid.*, p. 257.

<sup>82</sup> S. Freud, "The Unconscious," p. 180.

"unconscious," nor could there be any question of previously "repressed" psychic or instinctual representations or thoughts which returned from the "unconscious" under the cover of paresis of the legs. First of all, it was the gardener himself out there in his nursery who had revealed himself immediately as an attractive man in the light of the girl's existence. He, in the immediacy of his own reality, had presented himself in the elucidated "there" of her *Dasein* directly; nobody would ever be capable of actually detecting a mediating "conscious" or "unconscious" "psychic representation" or "psychic image" in her "mind" or brain. Secondly, three years of careful psychoanalysis furnished no proof of the existence of any instinctual strivings for, or thoughts about, the gardener which the girl had first been aware of and then rejected, repressed, or forgotten. Even after the paresis of her legs had occurred, she felt attracted to this man in exactly the same way as before: Nothing, then, justifies the mental construction of such conceptual monstrosities as "unconscious strivings," "unconscious emotions," and "unconscious thoughts."

Instead of trying to "explain" the occurrence of the girl's paresis by means of unprovable assumptions, it is better to let the observable phenomenon itself tell us its actual meaning and content.

First of all, there is no doubt that a paralysis can happen only to a being who is essentially able to move and who is on the way somewhere. A chair, for instance, cannot be said to be paralyzed. Paralysis means that the fulfillment of the movement in which such a being is absorbed has been stopped and made impossible by some blockage.

Our girl had been moving toward the gardener with her whole being. She had confessed that she felt attracted by him in a peculiar way which she had never experienced before. She continued to feel this way even after she had become paralyzed. Her entire existence had become involved in this relation of emotional attraction to the gardener. Actually, this girl's whole existence, at that time, was nothing else than this being drawn toward the gardener. But there was also the rigorously prohibiting attitude of the girl's parents against all kinds of sensuality. The paralysis of the girl's legs shows that she had surrendered herself to her parents' attitude and that she still existed under its spell completely. Consequently, she was able to engage herself in the love relationship to the gardener only in the way of warding off her moving close to him, of stopping and

blocking this movement of hers. Still, even her blocked relation to him continued to be a human relationship. Neither this gardener himself nor his "image" had been repressed into an "unconscious." On the contrary, this man was and had remained most oppressively present for her. Without his oppressive presence, her blocked relationship toward him would not have taken such complete possession of her existence as her paresis shows it did.

Her being possessed by this relationship, however, does not mean that the girl had ever become fully aware of this fact in the sense of intellectually reflecting upon it. Being possessed makes it generally impossible to think for oneself. Actually, the girl had fallen prey to her parents' attitude against any sensual love relationship to such an extent that she could not even become aware of the oppressive presence of the gardener *as* oppression in an intellectually reflected and articulated manner. Such a reflecting way of dealing with the gardener would have presupposed a high degree of freedom toward her own possibilities of sensual relationships which the patient was far from having reached. The girl could not even think, "It is not permitted to love the man erotically," because even a prohibition points to the thing which one is not allowed to do.

The paresis of this girl's legs thus shows that she was so little her own and independent self as yet that she was not even able to think reflectingly about the gardener, so that the blocked relationship in which her existence was so completely absorbed could occur only within the bodily sphere of her existence—in the form of the paralysis of her legs. In other words, this paresis itself was the immediate occurrence of her blocked relationship toward the gardener. Again, no sexual drive had first been locked up in an unconscious locality within a psyche of the patient and then externalized and "expressed" itself in the form of a hysterical symptom. The assumption that such a hysterical attack is only an "expression" of something else, of an assumed "unconscious thought" for instance, amounts to an unwarranted degradation of the paralytic phenomenon as such. To the contrary, this patient had existed from the start "outside," i.e., within this particular relationship toward the gardener, unauthentic and veiled as this relationship was so long as it showed itself as the paralysis of her legs. How else could she have been attracted to the gardener if her being had not already been fastened out there in his world? Only much later, in the course of her psychoanalysis, did this girl mature into a human

freedom which, for the first time in her life, opened up her existence to the possibility of thinking and feeling a loving attraction toward a man. It also enabled her to ponder reflectingly and independently upon the prohibiting attitude of her parents, in which she had been caught unreflectingly up to that time.

Once this girl was able to engage herself in her relationship toward the gardener in the open and free way of independently, reflectingly, and responsibly thinking of him and feeling erotically for him, there was no longer any need of this relationship's occurrence as a hysterical bodily symptom.

This girl, then, teaches us that what has been called a "repression" of thoughts and emotions into an "unconscious" can be understood much more adequately as the inability of an existence to become engaged in an open, free, authentic, and responsible kind of relationship to that which is disclosed in the relationship. Being engaged in an open, independent, and free relationship toward something or somebody always consists also, among other things, of perceiving the encountered fully, thinking of it, reflecting upon it, feeling it with all the richness of one's own selfhood, and of taking action accordingly.

*The So-called Ego as Resisting Agent.* This being so, we can no longer call that which was thought of as the repressing agent a function of the ego or an intrapsychic doorkeeper. The very concept of such an ego implies a negative conception of the human subject. The ego is thought to be a psychic entity in opposition to the realm of objects. When human beings are conversing with each other in a natural fashion and without theorizing about themselves, it does not occur to them to say that the ego in them perceives this or that, does this or that. Rather, what they experience actually and immediately is always merely this: *I* do something, or *I* am aware of something or somebody. Therefore, whenever we say "I," we never refer to a psychic entity, an authority inside the original reality of human structure, but always to a present, past, or future way of man's perceiving what he encounters and of coping with it. The little word "I" is, rightly understood, always a human being's reference to certain relationships with the world, to the way in which the world addresses him and the way in which he belongs to the world in which he finds himself at any precisely given time, has found himself, or will find himself.

I refer to myself by saying "I," however, only when I am reflect-

ing explicitly on that world-relationship as which my existence is occurring at the given moment. In the light of this Daseinsanalytic insight, the conception of the psychoanalytic "ego"—and, similarly, of all the other psychoanalytic intrapsychic "authorities" such as the "id" or the "super-ego"—reveal themselves as only artificial intellectual reifications and hypostases of one or another of the world-relationships which always engage the whole, indivisible human existence. When psychology attributes different kinds of "functions" to this mental construction of an ego, it does not promote our understanding of man in the least. Functions (as derived from the Latin *functio*) are performances executed by somebody, or by some engine. As such performances of an ego, the ego-functions are necessarily not identical with the ego itself. The latter, as the performer, however, is still an unknown X. As long as this is the case, the performances or functions of such an unknown X must remain as enigmatic in nature as the performer himself.

Again, man's ability to say "I do or perceive this or that" also brings to light the fact that each *Dasein* is capable of taking over its world-disclosing relationships as its own, can appropriate them and assemble them to being a genuine self. To be sure, *Dasein* can also refuse to accept and appropriate its given life-possibilities; it need not respond to the appeal of the realms of reality which come into its light. That it is possible for *Dasein* to decide to match the exhortations of the particular beings it encounters or to refuse to listen may well be the very core of human freedom (see pp. 47ff.).

There is, however, a being-closed to specific possibilities of existing which does not arise from a free decision. Many people who have not yet gained the freedom of fully being themselves (because they have not freed themselves from the manner of behaving and the mentality of their surroundings) are also closed off. Such people might offer resistance to responsible acquisition of hitherto unadmitted possibilities of relating and, because of fear, try to keep from actually realizing that which demands to be admitted into their *Dasein*; but this is not the result of a transformation of the "energy" which originally "cathected" an "instinctual representative" which was repulsed. The open admission of realms of particular beings, which are present only insofar as they are defended against, is feared by a still-dependent *Dasein*, first of all because everything that is unknown and unfamiliar is by that very token uncanny. The second reason why *Dasein* fears the freedom of stand-

bag by itself stems from the fact that independence is always experienced at first as the loss of protective dependencies. Third, *Dasein* fears falling prey to and perishing in what it defends against, because the defended-against seems to have so much more power than itself. Finally, because it is still encapsulated in the mentalities of others, *Dasein* fears becoming guilty, by admitting realms of beings which are regarded as sinful and dirty by these mentalities. We will enter into a thorough discussion of the important problem of man's guilt later (see Chapter 19). Let us point out here that repression in Freud's sense does not exist at all. Instinctual derivatives, ideas, and affects, enclosed in a psyche which constitutes a prison from which they break out and to which they return every once in a while, have never been observed and never will be.

#### "TRANSFERENCE"

The concept of "transference" occupies a place in psychoanalytic theory as central as the notions of "repression" and "resistance." Yet the very term Freud coined for the phenomena which he subsumed under "transference" implies—indeed presupposes—that there are such things as "feelings" or "affects" existing as distinct psychic formations in themselves and for themselves, detachable from the mental object-representations to which they originally adhered. Only if we assume such thing-like, isolated, and independent feelings is it possible to imagine, for instance, that hate for a father can be detached from the father, pent up inside, and transferred to the analyst during the course of psychoanalysis. As shown in preceding chapters, however, such shiftable feelings or affects are merely mental constructions and do not actually exist. As early as 1874, long before Analysis of *Dasein*, Brentano was able to prove their fictitious character, although he did so on a different basis. Such psychic entities, if non-existent, can hardly be transported, in the sense of Freud's "transference."

It is not surprising, therefore, that anyone who carefully studies Freud's writings on the subject of transference will notice that he does not actually succeed, in spite of extreme efforts, in producing any evidence for the existence of such shiftable affects. The so-called positive transference is a case in point. Freud is not able to

distinguish convincingly the nature of transference love from that of the genuine love of one partner for another in a normal love relationship. Eventually he is forced to admit that "one has no right to dispute the 'genuine' nature of the love which makes its appearance in the course of analytic treatment."<sup>83</sup> Furthermore, every analyst can observe that transference love for the analyst appears at those moments of the treatment "when the analyst has made his first insight-producing interpretations with their resulting emotional effects on the patient."<sup>84</sup> It seems evident that the phenomenon of love appears when being-together with a partner opens up an existence to hitherto unappropriated possibilities of relating to the world.

Transference is not a mere deception based on a faulty linking of affects and instincts to the "wrong" object, as Freud thought. Transference is always a genuine relationship between the analysand and the analyst. In each being-together, the partners disclose themselves to each other as human beings; that is to say, each as basically the same kind of being as the other. No secondary "object cathexes," no "transfer of libido" from a "primarily narcissistic ego" to the "love object," no transfer of an affect from a former love object to a present-day partner, are necessary for such disclosure, because it is of the primary nature of *Dasein* to disclose being, including human being. This means that no interpersonal relationship whatsoever necessitates a "transfer of affect." Nor do we need the more modern concept of "empathy" to understand the immediate disclosure of one person to another. This, in turn, frees us of the obligation to explain yet another mysterious process, because the basic nature of "empathy" has never been elucidated.

To understand the specific phenomenon of so-called neurotic transference, we must realize that the primary openness of human being for the discovery of encountered fellow humans does not necessarily result in perceptions which do full justice to the one who is encountered. We have already mentioned the fact that man's basic nature as world-openness fundamentally and necessarily includes a closing-in. The limitations of a neurotic's openness (in the sense of an understanding relationship with his world) are nothing else but what psychology usually calls the neurotic distortions of

<sup>83</sup> S. Freud, "Observations on Transference-Love," in *CP*, Vol. II, p. 388.

<sup>84</sup> G. Bally, "Die Psychoanalyse Sigmund Freuds," in *Handbuch der Neurosenlehre*, Berlin, 1958, p. 150.



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 his personality. He is—insofar as he is neurotic—limited to modes of disclosure and behavior similar to a child's. The great variety of mature, full, and free manners of relating are not available to him (as, indeed, they are not available to the healthy child, but for different reasons). This limitation enables us to understand the phenomena of transference in the narrow sense of the term, namely, the so-called neurotic distortions of transference. The following analogy may facilitate an understanding of what we mean.

A child plays with a burning candle. It closes its eyelids almost completely and it sees a star-like arrangement of narrow rays instead of a full-sized flame. Suppose that the child were to burn his eyelids while playing with the candle and that they became permanently sealed together. The child would then continue to perceive all candles in the same fashion for the rest of his life. But nobody would claim that his manner of perceiving the flame as an adult is due to a "transfer" of the experience he had as a child to a similar situation happenings in the present. The reason for the distortion of perception is the same in both childhood and adulthood: the closing of the eyelids. The situation of the adult neurotic is similar. His human condition is still so child-like and undeveloped that—to select an instance—he is open to the perception only of the father-like aspects of all the adult men he encounters. Thus, he behaves toward the analyst as if the latter were like his father. Naturally, the limitation of possibilities for disclosing and relating persists in this neurotic, because of a father who inhibited the child's growth and was therefore partly disliked, even hated. Therefore, this neurotic will not even be open to all the possible father-son relationships. He will be able to exist only in a hate-ridden son-father relation. In the light of such reduced world-openness, he can perceive only the hateful father aspects of any grown man he encounters, however spurious this aspect may actually be in a given person he meets.

Such patients as the neurotic in our example are often quite mature, insofar as their *intellectual* potentialities for relating are concerned. But this intellectual awareness does not as a rule have much influence in correcting the faulty relationship, precisely because it is only a peripheral maturity and not an encompassing one. This explains why the patient's intellectual realization that the analyst is not like his father has little, if any, influence on the patient's reaction to him. Viewing the situation in this fashion it

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seems superfluous to assume that an earlier affect is displaced from an earlier object to the one in the transference situation. At the same time, we no longer need consider transference love an illusory phenomenon. On the contrary, Daseinsanalysis regards every analysand-analyst relationship as a genuine relationship *sui generis*. It is genuine despite the fact that the patient is carrying it out in a limited fashion owing to his mental distortions. It could not be otherwise. The analysand-analyst relationship, like any other, is grounded in the primary being-with of one man and another, which is part of *Daseins* primary world-disclosure. The patient's "transference love" is not, therefore, "really" love of someone else—the father, for instance. It is love of the analyst himself, no matter how immature and distorted it may appear because of the limitations of perception imposed on the patient by his earlier relationship to his real father. It would seem that many psychoanalysts classify the love and confidence patients show them as "transference phenomena" because they think such feelings do not befit a scientific attitude toward mankind. Fearing that they might be thought unscientific, they use this *terminus technicus* to assuage their uneasiness and to protect themselves against "real" love or hate.

#### "PROJECTION" AND "INTROJECTION"

The concept of "psychic projection" occupies an important place in Freud's ideas concerning psychoses. He states:

The most striking characteristic of symptom-formation in paranoia is the process which deserves the name of *projection*. An internal perception is suppressed, and, instead, its content, after undergoing a certain degree of distortion, enters consciousness in the form of an external perception. In delusions of persecution the distortion consists in a transformation of affect; what should have been felt internally as love is perceived externally as hate.<sup>85</sup>

Freud then extends the realm wherein projection operates beyond the confines of paranoia, with the statement that projection "has a regular share assigned to it in our attitude towards the external world."<sup>86</sup>

Freud's explanation of a delusion of persecution by a process of

<sup>85</sup> S. Freud, "Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," in *CP*, Vol. III, p. 452.

<sup>86</sup> *h o c . . . . .*

psychic projection clearly presupposes (1) the existence of two separate, thing-like "egos" or "psyches," and (2) the possibility of throwing some of the contents of one of these "psyches" over into the other.

As we have repeated, analysis of *Dasein* has been forced by its observations to regard both these presuppositions as conceptual artifacts which do not correspond at all to any actual human phenomenon. In consequence, analysis of *Dasein* cannot believe in the occurrence of so-called psychic projections either.

In Freud's own example of persecutory delusions, the phenomenon as observed is neither a distortion of an internal affect of love nor a projection of this affect, internally transformed into hate, onto the outside world. If a paranoid wife feels persecuted by a husband who she thinks hates her, she feels this way because she is basically still a small child. The demands put on her as a wife seem so excessive that she cannot possibly help feeling that her very life is threatened. We can be equally certain that whenever paranoid patients feel threatened by "poison," this is the result of a dangerous strain put upon their fundamentally immature existence, no matter how highly developed their purely intellectual possibilities of dealing with the world. This being so, these patients are, in an existential sense, fully justified in experiencing their life-situation as being real "poison" for them, crushing them, killing them.

It is natural that every threat to one's life elicits the strongest possible defense reactions. He who is threatened hates what threatens him. The existence of an immature, weak, dependent woman will always be threatened with death if her life-situation demands that she play the role of a grown-up wife and mother, however benevolent her husband may be. This threat tunes her existence to hate and fear. Her hatefully and fearfully attuned existence is closed-in, necessarily, to perceiving or misunderstanding the partner as a correspondingly hateful person, who wants to treat her badly, even to kill her.

The relationship of a paranoid wife to her husband, however it may be tuned, is not, nor was it ever, something within that wife's "psyche." From the outset she was "out there," so to speak, in this relationship to her husband, carrying out her existence immediately *in* and *as* this relationship. Something, a so-called affect-formation of hate, for example, which has never been "inside" oneself, cannot possibly be "projected" or thrown out into the external world to be

perceived there. Again, some very complicated mental speculations of the psychoanalytic theory have become completely superfluous in the light of the Daseinsanalytic understanding of man and his world.

The concept of "introjection," as well as the notion of "identification" (the latter being closely related to the former), also presuppose a separate "psyche," capable of devouring another like a morsel of food. Furthermore, it is supposed that the act of devouring means the magical acquisition of characteristics belonging to that which is devoured. Hence, the devourer aims to emulate what he consumes, even as among certain ethnic groups, to drink the blood of an ox is to acquire that animal's strength. But in reality, the phenomena called "introjection" have nothing to do with incorporation. In order to understand them more adequately we have only to bear in mind once more that man is "outside" himself *before* he comes to himself in an authentic way, i.e., before he has assembled all his possibilities of relating to a selfhood of his own. He will have reached this state of being authentically his own self only when he is able to choose freely in which of his relational possibilities he wants to engage himself and to occur as a human existence at any given moment of his life.

The phenomena which psychoanalytic theory calls "introjection" can now be understood if we think of a human being who has not yet extracted, so to speak, his existence out of the existence of somebody else. Wherever so-called introjection is observed, nothing has been taken *in*. On the contrary, a human existence has not yet taken itself *out* of and freed itself from the original being-together undividedly and indiscriminatingly with somebody else. This immature way of being-together, in its turn—like all the other different kinds of so-called interpersonal relationships—is only possible on the basis of man's primary being-together with his fellow human beings, which is one of the "existentialia," or fundamental features, of human *Dasein*.

#### DREAM IMAGES AND DREAM SYMBOLS

One of Freud's greatest achievements was his discovery that dreams are meaningful psychological phenomena within the chain of occurrences of a human existence. However, he destroyed this

great contribution no sooner than it had been made. As a child of his technical age, he found it necessary to industrialize even man's behavior in his dreaming state and to force it into the theoretical straitjacket of the "dream factory." The energy of infantile wishes was thought to work upon latent dream thoughts, the raw material, to produce—under the guidance of a moral dream censor—the manifest dream pictures. This "dream-work" was supposed to be accomplished by the mechanisms of "condensation," "displacement," "inversion," "transformation of ideas into verbal images," and "secondary composition." Consequently, dream interpretation had to undo the disguising operations of dream-work by repeating them in reverse order, so that the assumed "motor" and "raw material" underlying the manifest dream might be laid bare. But an approach to dream interpretation which permits such intellectual manipulations of the immediately given content of the dream opens the door to every type of arbitrariness.

Today, more and more analysts are becoming aware of the artificiality and arbitrariness of Freud's dream theory. As a result of this insight, they make less and less use of dream interpretation in their practice. But they are renouncing an exceedingly valuable therapeutic tool. For Freud's statement that dreams are the "royal road" to the very core of man's existence (the *via regia* to the unconscious) is true despite his secondary theoretical distortions.

The Daseinsanalytic approach seems able to restore the paramount importance of our dreaming state. It leads to a direct understanding of the meaning and content of our dreams and shows us how to make successful use of them therapeutically.

Daseinsanalysis regards Freud's mechanisms of "dream-work" as wholly superfluous conceptual constructs. First of all, however, Daseinsanalysis does not see any justification for the devaluation of dream phenomena by all the current psychological dream interpretations, which declare them beforehand to be mere "pictures" or "images" within a "psyche." This is judging the dreaming state by the standards of the waking state. Such a judgment from outside necessarily allows its specific nature to slip away from our understanding for ever. If we take the immediately given phenomena of the dreams seriously, we must grant our dreaming state a character of "being-in-the-world" and of being open to the world which, though different from the waking state, is an equally autonomous and "real" way of existing—i.e., of an understanding, meaning-

disclosing relating to what is encountered. We need not, however, enter into any more details here, since we can draw attention to a previous publication where we treated thoroughly the Daseinsanalytic approach to dreams and dream interpretation.<sup>87</sup> There we also undertook a detailed critique of the concept of symbolism, a concept which plays a decisive part in psychoanalytic theory generally and in the psychoanalytic theory of dreams especially. We were able to show that one can talk of the "symbolic" meaning of a thing only if one has previously mutilated the meaning-content of this thing and reduced it to its purely utilitarian aspects of an isolated object. Once this has been done, it becomes necessary,^ of course, to reintroduce—in the form of "symbolic interpretations"—all of the meaningful connotations which have been stripped from the object.

«<sup>1</sup> M. Boss, *The Analysis of Dreams*, New York, 1958.

## PART III

### DASEINSANALYTIC PSYCHOANALYTIC NEUROSES

### RE-EVALUATION OF THE DOCTRINE OF THE

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I "Freud's establishment of general libido  
m theory accomplished one of his aims:  
a reconnection of the three separate entities—psyche, body, and  
the realm of external objects—into which he had intellectually split  
the human being and his world. An equally ambitious aim of his  
was to show the specific kind of psychodynamics operant in different  
nosological entities. Here, too, he succeeded to an extent previously  
unheard of. His doctrine of the neuroses, which encompasses the  
melancholic and schizophrenic psychoses as well, exhibits an ad-  
mirable compactness. The question arises, though, whether the  
logical consistency of Freud's views was not achieved at the price  
of a tremendous reduction and mutilation of the reality of man and  
his world. The following discussion of the psychoanalytic doctrine  
of the neuroses will reveal, even more clearly than did our discussion  
of basic psychoanalytic therapy and theory, how great a discrepancy  
exists between Freud's immediate observations and his theoretical  
deductions.

## "Conversion Hysteria" anti 'Or^an Neurosis"

### THE MYSTERY OF "CONVERSION"

It seems fitting to begin the discussion of Freud's doctrine of the neuroses with "hysterical conversion" because Freud's approach to conversion hysteria represented immense progress over the medical approaches current before his time. The mechanized thinking of somatic medicine before Freud had been completely helpless when confronted with the increasing number of hysterical disturbances. It was impossible to find lesions in any part of the body which could be proved to be causative, although the main dogma of medicine at that time held that there could be no illness without such physical lesions. Some of Freud's medical contemporaries trusted in future and improved instruments and methods of treatment to bring to light the organic causes of hysteria. Others considered such ailments to be either imaginary or simulated. Still others hypothesized damage to the brain. Freud had a different explanation. He thought that in all hysterical cases certain ideas had been prevented from being "discharged" normally, i.e., into conscious actions. In such cases, the "affect" of these ideas, according to Freud, may be "strangled" and undergo "a transformation into unusual somatic innervations and inhibitions." For this assumed psychic process, Freud coined the term "hysterical conversion":

A certain portion of our mental excitation is normally directed along the paths of somatic innervation and produces what we know as an 'expression of the emotions.' Hysterical conversion exaggerates this portion of the discharge of an emotionally cathected mental process; it represents a far more intense expression of the emotions, which has entered upon a new path.<sup>2</sup>

<sup>1</sup> S. Freud, "Five Lectures on Psycho-Analysis," in *SE*, Vol. *XI*, pp. 13—14.

<sup>2</sup> *hoc. cit.*

Freud's concept of hysterical conversion is of more than historical interest; it is the key concept supporting the giant theoretical structure of today's "psychosomatic medicine," at least insofar as it pays tribute to psychoanalytic theory. Yet if we look closely, we notice that the concept of hysterical conversion provides a very weak and uncertain foundation for both the psychoanalytic theory of neurosis and psychosomatic medicine. Freud himself questioned the nature of the concept he coined. He realized that it is impossible to imagine a functional connection between two such utterly and essentially different objects as those implied by such terms as "body" and "psyche." With admirable candor, he confessed that the leap from the mental to the physical remains a mystery.<sup>3</sup>

The majority of physicians paid no attention to Freud's decisive confession. Thirsting for action, they began to experiment with the object "psyche," as they had done with other objects before. In thousands of different ways, human and animal nature were questioned concerning possible effects of the psyche on the body. Nature responded willingly and gave remarkable answers to this rash questioning. Soon psychosomatic experimenters could penetrate deeply into the somatic realm of man and animals. By now there is seemingly such abundant experimental "proof" for the psyche's amazing capacity to, cause somatic symptoms that not even the most rigidly "scientific" physician would argue the point.

The result of the thoughtless talk about psychic causes of physical symptoms was utter confusion. To find their way out of the labyrinth, modern biologists, physicians, and psychologists use the most remarkable and naive conjuror's tricks. While the attention of the spectator is diverted by impressive psychosomatic experiments, the midbrain is pictured—parenthetically—as the seat or substrate of the affects. Volitional impulses, thoughts, and perceptions are equated with cortical functions. It is further stated that the processes in the gray cortex spark the automatisms of the vegetative nerve centers, this being the way by which the psyche is capable of effecting changes anywhere in the body. If we examine such statements, we find they represent a kind of conceptual legerdemain which does not further our understanding of the phenomena involved. No one who talks in this fashion has been able to state just how he pictures the "location of the affects" in the midbrain, or

<sup>3</sup> S. Freud, *A General Introduction to Psychoanalysis*, Garden City, N.Y., 1943, p. 229. Trans. by Joan Riviere.

in what way thoughts are situated in their "substrate," the cortex.

A second large group of investigators tries to "connect" psyche and body by discovering ever more complex neuro-vegetative processes. They aim chemically to identify more hormonal substances and to discover constantly more subtle differentiations. But it will never be possible thus to comprehend the origin of mental phenomena. The essential meaning of such phenomena can neither be explained nor derived from an understanding of metabolic products or of ever more complex neural connections. It is impossible on principle that a physical substance or "energy," no matter how fine, can suddenly evaporate into a psychic phenomenon. Therefore, this approach is limited to the discovery of essentially peripheral, if practical, therapeutic techniques. It can contribute nothing to a real understanding of psychosomatic phenomena (see pp. 32 ff.).

A third group of investigators encapsulates itself into something that comes close to being a materialistic monism. While Freud wisely and modestly referred to hysterical conversion as a "mystifying" leap from the psychic into the somatic, Franz Alexander, a leader of this group, sees no great mystery. Mental phenomena, such as emotions, ideas, perceptions, are to Alexander merely the "subjective reflections of physiological processes."<sup>4</sup> Nostalgic longings, for example, represent certain brain processes. Alexander admits that such longings can, *at this time*, be described meaningfully only in psychological terms and cannot be identified by biochemical, electrical, or any other non-psychological techniques.<sup>5</sup> The implication is that once these techniques have been perfected, they will yield results equally as meaningful as the psychological ones. "Fundamentally, . . . the object of psychological studies is no different from that of physiology; the two differ only in the manner of approach."<sup>6</sup> Although his book bears the subtitle "Principles and Applications," Alexander scarcely illuminates the principles of psychosomatic problems. Instead, he succumbs to an easily discoverable pseudo-solution. When he talks of "subjective reflections of physiological processes" or states that "brain processes are subjectively perceived as emotions,"<sup>7</sup> he smuggles into his conception a subject

<sup>4</sup> F. Alexander, *Psychosomatic Medicine*, New York, 1950, p. 37.

<sup>5</sup> *Ibid.*, p. 50. Italics added.

<sup>6</sup> *Ibid.*, p. 54.

<sup>7</sup> *Ibid.*, p. 50.

who can perceive and reflect. However, neither the origin nor the essence of this contraband is ever explained in his psychosomatic theory.

Still another group of investigators adheres to a monism which might best be called "spiritual." These scientists think of the etiological aspect of the mind-body problem in terms of an "expressive relationship." They hypothesize an X which underlies somatic and mental phenomena, which expresses itself in them, and which cannot be directly perceived. This X is referred to by various terms. Sometimes it is called a "unified organism" [*Einheitsorganismus*] which exhibits both "aspects"—the physical and the psychic; at other times, there is talk about a "uniform life process" or "uniform life phenomena."<sup>8</sup> Not infrequently, such writers employ the term "existence" to characterize their conception. Occasionally, they disregard X. They talk of "mutual expressive relationships" between physical and psychic things within a body-soul totality which remains unclarified.

The introduction of the concept of "expressive relationship" elucidates neither that which expresses nor that which is expressed. The term "expression" eliminates the possibility for genuine inquiry into the expressed as well as into that which expresses itself. From the beginning it stamps what is expressed and perceived as a derivative of something else. Thus, the phenomena cannot be investigated as what they are in themselves. For the same reason, neither the essence of the physical nor that of the mental become less opaque if they are thought of in an expressive relationship toward each other, or to a supposed third factor. Here neither mind nor body are genuinely questioned. On the contrary, both are left in a predetermined, unreflected-upon division. Hence, any approach founded on an expressive relationship remains within the same type of epiphenomenalism which characterizes materialistic monism. By the same token, the X which supposedly underlies psychic and somatic phenomena remains completely in the dark. Whether it is called "unified organism," "uniform life process," or whatever, it cannot be characterized other than to say that its essence consists of its ability to express itself. Researchers who make such statements state nothing save that they have just completed a circle. It seems evident that everything remains as it was in this approach, which

<sup>8</sup> See, for example, W. H. von Wyss, "Grundsätzliches zur psychosomatischen Medizin," in *Schweizerische Medizinische Wochenschrift*, Vol. 82, No. 40, 1952.

we have called "spiritual monism." It is nothing but a more subtle causalism insofar as material substances—such as physiological processes—have been supplanted by the more ephemeral X as the etiological factor involved in the production of physical and mental phenomena.

The basic incapacity of the mechanical approach to understand the essential connection between physical and psychic phenomena is equally evident in the work of Harold Schultz-Hencke. He characterizes the relations between the two with the term "correlate of synchronism" [*Gleichzeitigkeitskorrelat*]. He admits that it has not hitherto been possible for psychological thought to do more than establish parallel courses of events in time.<sup>9</sup> Mitscherlich is equally resigned. The best he can offer is to circumscribe the problems in question with the term "simultaneous psychosomatic occurrences" [*psychosomatisches Simultangeschehen*].<sup>10</sup> While this term fits well into customary medical thinking, it is nevertheless useless to an actual understanding of psychosomatic phenomena.

One of the most disturbing indications of the inadequacy of the psychoanalytic concept of hysterical conversion is the quarrel about the distinction between hysteria and organ neuroses. This quarrel pervades all of contemporary psychoanalytic and psychosomatic literature and is still undecided. It is best illustrated by the controversy between Alexander and Fenichel.

Alexander opposes a meaningless overextension of Freud's concept of conversion. He suggests a threefold division of psychosomatic symptoms: symptoms which are substitute expressions of repressed emotions, symptoms which are essentially normal physiological accompaniments of certain emotions, and symptoms which belong to neither of these groups.

Hysterical conversion symptoms are substitute expressions—abreactions—or emotional tensions which cannot find adequate outlet through full-fledged motor behavior. . . . Anger [for example] which cannot find expression through yelling, shouting, accusing, hitting, might lead to conversion symptoms in organs which are

<sup>9</sup> H. Schultz-Hencke, *Der gehemmte Mensch*, Leipzig, 1940, and *Lehrbuch der analytischen Psychotherapie*, Stuttgart, 1951.

<sup>10</sup> A. Mitscherlich, "Über die Reichweite psychosomatischen Denkens in der Medizin," in *Psyche*, Vol. III, 1949-1950, and "Contribution à la Théorie psychoanalytique des maladies psychosomatiques," in *L'Evolution psychiatrique*, Vol. III, 1953.

used for the legitimate expression of rage—the larynx or the extremities—in the form of hysterical aphasia or paralysis. As Freud originally stressed it, these substitute innervations never bring full relief; they are only attempts at relief. . . . The important issue, however, is that the emotional tension is at least partially relieved by the symptom itself. We deal with a different psychodynamic and physiological situation in the field of vegetative neuroses. . . . Here the somatic symptoms are not substitute expressions of repressed emotions but they are normal physiological accompaniments of the symptom. For example, the emotional states of rage and fear are connected with a physiological syndrome [of which elevation of the blood pressure is one of the symptoms] . . . These physiological processes are normal corollaries of rage and fear . . . They are a utilitarian preparation and adaptation of the internal vegetative processes to a specific type of behavior which is regulated from the organism.

. . . Peptic ulcer is neither a conversion symptom nor a vegetative neurosis. In some cases it is the somatic end result of a long-standing neurotic stomach dysfunction but in itself has nothing whatever directly to do with any emotion. It is not the symbolic expression of a wish or a self-punishment . . ."

To avoid confusion, Alexander proposes that we restrict the concept of "hysterical conversion" to symptoms occurring in the realm of the voluntary neuro-muscular or sensory perceptive systems, whose function is to express and relieve emotions. The concept of "vegetative neurosis" he wants to apply to the psychogenic dysfunction of a vegetative organ which is not under control of the voluntary neuro-muscular system.<sup>12</sup>

Fenichel disagrees:

. . . unfortunately things are not as simple as that. . . . No one who has ever analyzed a hysterical vomiting or a disturbance of menstruation, for instance, can doubt their function of expressing the idea "I am pregnant" and thus being of the nature of a conversion . . . [On the other hand] certain functional changes in the striated muscles [accompanying anger, for instance] are not conversions . . .<sup>13</sup>

<sup>12</sup> F. Alexander, "Fundamental Concepts of Psychosomatic Research," in *The Yearbook of Psychoanalysis*, Vol. I, New York, 1945, pp. 260 ff. Material in brackets added by translator.

<sup>13</sup> *Ibid.*, p. 263.

<sup>14</sup> O. Fenichel, "Nature and Classification of the So-Called Psychosomatic Phenomena," in *The Yearbook of Psychoanalysis*, Vol. II, New York, 1946, pp. 27 ff. Material in brackets added by translator.

#### DASEINSANALYTIC UNDERSTANDING OF PSYCHOSOMATIC ILLNESS

*Mans Body as a Partial Sphere of Human Existence.* Alexander and Fenichel agree on one important issue. Both feel that it is of crucial importance to determine the quantities of emotional tension which hysterical symptoms can release, compared to the symptoms of vegetative neuroses. This unanimity of two authorities who otherwise profoundly disagree indicates the purely technical character of the main trends in psychosomatic thinking today. The inability of either author to arrive at a clear distinction between hysterical and organ-neurotic symptoms makes it probable that it is impossible to understand these phenomena sufficiently as long as we think in terms of psychodynamics; i.e., in a technical vocabulary. To break the deadlock created by the concept of "hysterical conversion," we reflect anew on the Daseinsanalytic understanding of man. Here it is plain to see that all the psychic "things" which the idea of hysterical conversion presupposes—conscious and unconscious thoughts, fantasies or emotions, body functions and body organs—do not, in fact, exist as primarily separate phenomena. Nor is there such a thing as an illness which exists by itself. *The* stomach and *the* stomach illness, *the* thoughts and *the* general paralysis are unreal abstractions. On the other hand, *my* arm, *my* stomach, *our* instincts, *your* thoughts are real. Strictly speaking, only mention of *my*, *your*, or *their* *being ill* refers to anything real. The possessive pronouns of daily language, used to characterize the reality of being ill, all point to an existence which persists and unfolds in a life history. They refer to a human being never exhaustively described by reference to his "possessions," whether these are thought of as the constantly changing "substance" of his "body" or his equally inconstant instincts, feelings, fantasies, and thoughts. Nor is man identical with the sum of all these objectifications. If he were, it would be impossible to see how feelings, thoughts, or parts of the body could ever belong to an individual as *his* feelings, thoughts, or body-parts. Furthermore, if man were essentially an extant object among other mundane objects—an organic conglomeration of physical and psychic things—how could such a thing ever be "touched" by another in such a way that he could perceive it, understand it, where it might even "move" him? Lastly, how could such a "thing" ever encounter a fellow human being and become aware of him as that particular being?



Man's capacity to be touched by something—his ability to perceive and understand—presupposes a primary being-open to the world, a characteristic which extant objects lack. Man is not a "dead" object; nor is he merely a living subject which is closed within itself and which faces the objects of the external world, the latter supposedly a precondition for the subject's (completely unexplainable) "transcendence" to these objects so that he can make contact with them. We think of ourselves as subjects or I-things only if we (and insofar as we) have narrowed ourselves down in advance to an objectifying, reflecting attitude toward ourselves. But while we are giving ourselves to the unconstrained admiration of a symphony, or are carefully handling our tools while repairing a car, all of us experience ourselves as being completely and immediately with the things of our world, so completely indeed that we are contained, "body and soul," in our understanding relationships and our active handling of things.

If man is never merely an extant object, his corporality cannot be just a body, enclosed in an epidermis and ending at its surface. Rather, the human body—including its so-called animal, vegetative, and hormonal arrangements—must be understood as a specific sphere of human existence, namely that sphere which exists in that mode of being which we call the "material" one. Because the human body is a proper realm of *Dasein*, it is one of the media through which the world-disclosing life-relationships which constitute existence are carried out.

Being a partial realm of *Dasein*, the body is an inevitable, but not *the* sufficient, condition for the possibilities of human existence. It is true that man is incapable of seeing, hearing, smelling, or tasting, incapable of acting or going forth in the world, unless his sense organs, his hands, and his feet function properly, physiologically speaking; but it is equally true, existentially speaking, that the sense organs, hands, and feet function only because man's very essence is of a primarily world-disclosing and luminating nature, and because, owing to this essential condition, he already is, and always was, in the world with its beings. In other words, man cannot see, hear, and smell because he has eyes, ears, and a nose; he is able to have eyes, ears, and a nose because his very essence is luminating and world-disclosing.

If man's body is but the physically tangible sphere of his existence through which he "ek"-sists as world-disclosing openness as im-

mediately as he exists also through the different medium of his thoughts, for instance, the biological approach is scarcely adequate. Likewise, the comparison of human corporality with the animal organism misses the point, all the more so because the concept of organism does not do justice even to the being of an animal. Even if one tries to paste a soul onto the biological body afterward, even if one adds a spirit to the soul and an "existential realm" to the spirit, it is impossible to save what is essential about the human body. The fact that it is possible to explain the human organism chemically and physiologically (among other ways) does not prove that such explanations touch an essential feature of human corporality. Such an approach probably hides rather than reveals the specifically human aspect of the body.<sup>14</sup> But there are numerous indications that human corporality is an integral part of the ek-static relation of *Dasein* to things. The immediate experience of existing, for instance, includes no separate experience of the body.

For example, I start out to meet a friend whom I am very eager to meet. Thinking of him and walking to the place of our rendezvous, I am with him from the beginning. I am not at all aware of my feet which carry me to him, although each foot carries around 150 pounds at each step. Nor does anyone reflect upon his hands while performing the trickiest task. If these parts of my body were not an essential and original part of my unobjectifiable existence (if they were organs in the sense of an instrument or an apparatus belonging to me as a person), it is likely that I would have to pay attention to them in order to use them. Therefore, Aristotle's characterization of the hand as the tool of tools is "correct" only within the framework of a theory about the world as a universe of causal interactions between objects. Such a theory is not "true," because it does not capture the essence of what a hand is. Similarly, the statement of many contemporary anthropologists, such as Plessner, Sartre, Marcel, and Merleau-Ponty, to the effect that man *has* and *is* his body at the same time, is unacceptable. If we attempt to take both halves of this statement seriously, we must switch from an "instrumentalist" horizon of understanding—within which one sees only utilitarian objects—to a horizon of understanding of being within which the essence of being human is disclosed in an existential sense. In other words, "to have" and "to be" do not actually

refer here to a twofold character of man's relation to his physical sphere itself but only to two possible and different mental approaches to this relation.

As we have previously stated, the existential approach maintains that man's somatic aspect is inseparable from his being-in-the-world. Man also participates bodily in all his world-relations. Corporality belongs so immediately to man's existence that we always *are* the corporality also. Our corporality is that "sphere" of our being which exists in the mode of what can be perceived by the senses, i.e., the mode of the "material." Since the human body is part of human existence, it always and promptly gets in line with any world-relation as which existence may carry itself out at any given time. Such getting-in-line is swiftest in the sphere of the so-called nervous impulses and the voluntary movements of the muscles they control. It is slower within the hormonal realm and most sluggish in the "material" realm of anatomical tissue structures. If, for instance, the sight of a mouse produces panic in a sensitive woman and if (as the result of the fear this sight awakens) the woman's total being contracts into the *one* world-relation of fleeing from the animal, this relationship also occurs somatically, within seconds. This panic takes the form of the sort of nervous excitation belonging to the phenomenon of running away, i.e., contractions of the corresponding striated muscles. After a few seconds, at the earliest, one can note an increased outpouring of adrenalin or adrenalin-like hormones. These constitute a further part of the same world-relation, this time that part of it which may be called the metabolic or endocrine one. If this "living in fear"—and the running away which pertains to it—were to last several hours, it would be possible to observe microscopically the first hypertrophic changes in the cells of the calf muscles, an indication that the relationship of fleeing from the mouse now begins to show itself structurally and in the realm of tissues. Even these most "material" and rigid media of the somatic realm thus participate in the occurrence of human existence. Even there, the relations to the world which constitute *Dasein* exert their directive power; the "miracles" of many hypnotists and the phenomena which many saints of East and West exhibit bear eloquent testimony to that fact.

*Gestures and Other So-called Physical Accompaniments of the Emotions.* The Daseinsanalytic approach seems to be much closer to human reality than the "objective" approach of the natural

sciences. This last fails even in the cases of such non-pathological psycho-physiological phenomena as the so-called expressive gestures and the so-called physical accompaniments of the emotions. We cite the old biologists who, following Darwin, considered the baring of the teeth, a gesture of hate, to be the residue of an aggressive act, a gesture which had been useful once in the phylogenetic past. To-day it is no longer necessary to have recourse to such completely unproved, unprovable hypotheses. We concentrate instead on the immediate reality of the furious and hating person—first, his specific pitch. The mood of rage and hate discloses the encountered to man only insofar as it constitutes a possible barrier. He perceives things and men as obstacles which resist his being-himself, which limit his physical and psychic expansion. This is why an enraged man always aims at the destruction of those things and people whom he perceives as hindrances. Rage and hate are so eminently hostile toward all form that they distort everything into something ugly. In Shakespeare's *Richard III*, for instance, Lady Anne's curses turn her husband's murderers into "creeping, venom'd things."

If *Dasein* is attuned to rage and hate, if it monotonously repeats a refrain of destruction and tearing-up, this tune is not restricted only to destructive impulses or wishes. It is equally apparent in the medium of that partial realm of existence called the body: the grimaces of him who rages, the distorted mimicry of hate. Similarly, if man's existence is attuned to anxiety, its shrinkage to a lost nothingness does not happen only in the realm of emotional experience. The somatic realm echoes the prevailing mood. The whole body stoops anxiously, all extremities are pulled in in the gesture of fear. The throat tightens, the heart cramps, the core of the body is pressed like a lemon by vehement contractions of the intestines and the bladder. In the elevated mood of joy, the heart throbs higher, the breast heaves. In such a mood the facial expression of the happy person is likewise lifted up. Even children draw the face of a happy man with lifted eyebrows and with the corners of the mouth pointed upward. The sadly depressed state of the mourner, however, we designate with down strokes. We emphasize this direction by tears which fall to the ground.

*The Essential Difference between So-called Hysterical and Organ-neurotic Symptoms.* To suffer from hysteria or from an organ-neurosis means that one gives up the freedom to be open to the world in all the ways available. Then those world-relations which

are prevented from being realized appropriately in an intentional, interpersonal manner must carry themselves out in the dark, mute spheres of existence where there are no thoughts or words, i.e., primarily in the somatic realm. In such cases, the relationships which are not openly admitted do not flow through the bodily realm of existence in their movement toward the perceived things. They come forth and remain within the sphere of the body, so that there is a "jam" instead of vibration. Such an existence is bound to show a pathological inflation and/or distortion of its corporality. This holds true for all the hysterical and some of the organ-neurotic symptoms. Other organ-neurotic symptoms can arise even if no possibility of relating is prevented from being carried out openly, reflectingly, and voluntarily in worldly and interpersonal relations. They may occur when a narrowing down of existence occurs, when the whole existence of a person is one-sidedly—and more or less exclusively—reduced to one kind of relation to the world. Then the whole melody of this man's life has to be played on one string. Even if this *one* possibility of relating is admitted openly, it still amounts to an exorbitant demand on, an overtaxing of, one possibility. The somatic realms which belong to this possibility of relating to the world also start to function in a pathologically exaggerated manner.

All adequate investigations of the existence of ulcer patients, for instance, present the following picture. These patients' relations to fellow humans and to things are one-sidedly and exaggeratedly oriented toward seizing, overpowering, and taking possession. They want to subjugate everything they encounter and to rob it of its individuality. The condition of such patients is—for external and internal reasons—so completely and excessively reduced and narrowed down to this one relationship to the world that their somatic realm behaves the same. Among the total inner corporality of man, stomach and duodenum belong specifically to the world-relation of seizing and overpowering. These parts of the body (owing to motility, hydrochloric acid, pepsin, and the enzymes of the pancreas) really attack the food which has been grasped and cut up by the teeth. They rob the food particles of their individuality, dissolve and demolish them so that they are brought under the power of one's self and made part of its physical realm.

Wherever organ-neurotic symptoms result—as all hysterical symptoms do—from an arresting of interpersonal possibilities for living in the sphere of the body, it is still possible to distinguish such

symptoms Daseinsanalytically from hysterical ones. It is true that, in hysterical symptoms, too, the patient confines his carrying out of certain world-relations to his bodily sphere. But he does so in the form of *gestures*, even if their meaning is clouded to himself. Nevertheless, gestures—the word has the same root as "gestation"—always are meant to bring something forth, to disclose something. Gestures are full of meaning in relation to one or the other partner. Hysterical behavior occurs within a comparatively open sphere of communication and interpersonal relations. It even needs the physical presence of other people, since it addresses itself in some way or other much more obviously to spectators—is much more "telling" and more impressive—than organ-neurotic symptoms. But the original character of being with things and fellow men is by no means lost in these latter symptoms either. It is merely more thoroughly disguised. Here, existence no longer carries itself out in gestures which unabashedly appeal to an audience of concrete fellow human beings, but it is muted and seemingly uncommunicative.

In other words, the kind of symptom—whether hysterical or organ-neurotic—that appears does not depend on the type of world-relation which is arrested in the somatic sphere. What matters is the *degree of concealment*, how far a given world-relation was deflected from its appropriate manner of being carried out in open, willed, responsible interpersonal behavior. For this reason, it is possible for each particular behavioral phenomenon to retreat to the realm of the hysterical language of gestures, or to the even more hidden realm of organ-neurotic phenomena. What matters most, however, is that both categories of symptoms have revealed themselves to us in a new light. We have seen that each hysterical and each organ-neurotic bodily symptom belongs immediately to one or another meaningful relationship toward something in the world of a given human existence. The afflicted bodily spheres fluctuate, so to speak, from the start in those relationships, although in a pathological way. Better still: in all of these instances there are some relationships toward what one encounters which occur only as hysterical or organ-neurotic symptoms. Nowhere, however, do we find any indication that these symptoms are a return of some psychic formation which had hitherto been repressed into an unconscious.

The understanding of man contained in Daseinsanalysis has permitted us to locate the distinction between hysterical and organ-

neurotic symptoms. But this settlement only leads into an even more difficult problem: the problem of the so-called choice of neurosis in general. The contribution which a given theory of neuroses can make toward the solution of this problem determines, more or less, how adequate and how practical it is. The problem of choice of neurosis is of decisive importance and must be pursued at least to the point where the equally important problem of "choice of organ" comes into view. The psychoanalytic dogma of "meaningful hysterical symbolization" versus "meaningless organ-neurotic functional disturbances" also has to be scrutinized. We deem it best to deal with these problems within the context of the two case histories that follow.

## A Patient Who Suffered Alternately from Colitis and Migraine

Thanks to her artistic talent, Wilhelmina is able to afford us a particularly vivid insight into the course of developments in her analysis. At the outset of her analytic therapy this patient was thirty-two years old. The earliest signs of her illness had shown themselves shortly after she entered school. Throughout her school life, she was plagued before every examination with severe diarrhea. As she developed, the inevitably increasing demands on her self-reliance were matched by an increasingly refractory dysfunction of the bowel. Shortly after puberty the diarrheic episodes began to assume, on occasion, the character of a true mucous colitis. At about the same time an unequivocal allergy to chocolate and to chives was established. The merest trace of either of these substances sufficed to precipitate a mucous diarrhea so excessive as to utterly incapacitate the patient for days and even weeks on end. In the years preceding the analysis, the patient had become reduced to a pitiful wreck of a human being. Not only was she completely incapacitated for any sort of work, but her very life was in jeopardy. There were times when the mucous and bloody diarrhea was so unremitting as to keep her practically permanently on the bedpan day and night for up to a week at a time. No diet or medication had the slightest effect. A major surgical intervention was out of the question, because of the hazardous general condition of the patient.

In the ensuing five years of analysis, it became ever more apparent what a devastating influence the mother had wielded upon the patient's development. The mother was so overpowering with respect to this rather sensitive, delicate child as to virtually rob her of her power to breathe on her own. In addition she was incredibly

prudish. She made, for instance, a most frightful issue of the patient's first menstrual period. Having carefully evaded even a token effort at enlightening her daughter on sexual matters, she then proceeded to employ the most elaborate precautions to preclude any possibility of the father or the brother catching an inkling of this menstrual occurrence. And then, a few months later, when a first innocent love letter was discovered, the most rigorous inquisition ensued. The mother persisted in an unrelenting torment of the most indelicate questioning until she had attained her object of finding out whether anything so dire as a kiss had already occurred. From then on, whenever she was anywhere near her mother, the patient felt miserably unhappy and indescribably tense. Everything that had anything to do with her mother became the object of her special and increasing hatred. In effect, the only reason she attended high school was to evade the various domestic tasks her mother imposed upon her. In the occupational field this protest against the prevailing domestic proclivities of her mother expressed itself in tentative efforts to absorb herself in studies of the history of art. Moreover, in conspicuous contrast to this "pious" and puritanical mother, the patient developed an uncompromising atheism.

The first complaints the patient made to the analyst concerned snakes and worms, which appeared in writhing masses the moment she closed her eyes. Extraordinarily enough, it had never occurred to her to mention these snakes to any of the more than two dozen doctors who had so far treated her. And yet these were exceedingly distressing apparitions, terrifying and loathsome to her. Furthermore, if she happened to see a picture of a snake, or to encounter an actual worm in the garden, her fright amounted to sheer terror. Eventually even the sight of the serpentine shape of a telephone cord plunged her into shuddering horror. The analyst asked her to put her snakes and worms into form on paper. He received a painting which is reproduced in black and white in Figure 1. (Illustrations appear after p. 152.)

The picture represents a swarming tangle of snakes or worms, somewhere in the open, suspended, as it were, in space, but occupying the full expanse of the picture. When the patient was encouraged to look a little more closely, the worms and snakes took on the most monstrous and menacing shapes (see Figure 2).

This sort of grotesque caricature intensified her fear immeasurably, and with it the diarrhea worsened to an alarming extent. But

the analyst did not let himself be swayed by this. He persisted steadfastly in an endless, patient repetition of the same questions, over and over again. With every opportunity that presented itself he asked her how it came about, with such a countless diversity of creatures in the world, that precisely snakes and worms, of all things, came and intruded themselves upon her in this way. And since they did come, why couldn't she have a better relationship to them, why couldn't she manage to make friends with these forms of life, and be willing to grant them a right to live in her world? Perhaps the reason they had to force their right to appear in such a terrifying way could be because she refused it to them and because she was cruel to them.

The intent of all these "Why not?" questions was to let the patient see that the analyst's attitude differed from that of her mother, whose prudery and fanatical cleanliness had made her daughter's life such a misery. It was to show her that he was kindly disposed toward realms of even the lowliest of life's creatures, that one could really be open, unafraid, and accepting of these realms of beings. Actually, the patient had already sensed this prior to the questions, within the first few minutes of her meeting him. Otherwise it would certainly no more have "occurred" to her to mention the snake symptom to him than to any of the previous doctors, whose concern with the patient had remained confined to an objective assessment of her bodily functions. Much more crucial than anything the analyst says is his actual human openness to every realm of life belonging to the patient's existence. On the other hand, the analyst was extremely careful to avoid offering any sort of "deeper" symbolic interpretation of the snake pictures, by calling them phallic symbols, for instance. As it emerged much later, the patient herself had read such interpretations in psychoanalytic books years before. Needless to say, they had been devoid of any meaning for her, and had had not the faintest effect upon her, try as she had to believe them. The analyst did not avoid the penis interpretation of the snakes and worms merely because this would have been premature. For him it would have been quite the opposite of a "deep" interpretation, a too superficial one, because it hedged the essential meaning-content of the phenomenon with restrictions, and fell short of grasping its basic significance. Therefore he let the snakes and worms remain the patient's snakes and worms; he listened attentively, however, to hear of what kind of a world and of what possibilities of behavior

the snakes themselves spoke to the patient. For her, the patient said, there was something about them that was sinister, something unknown, anonymous, something that shot out of the darkness of the earth unpredictably, something low, bestial, instinct-driven, loathesome, that had not detached itself through even rudimentary legs from groveling on the earth, incapable of rising above this vile level, something too, that could attack, in the most dangerous manner, could insinuate itself into one unawares, through the tiniest scratch or opening, and poison and pollute.

The analyst pursued his encouraging questions further; why wasn't she able to see any but hateful and destructive features of her snakes and worms?

After many months of desperate resistance, the patient began to grasp the fact that she had to come to grips with these importunate creatures and to face the challenge they thrust upon her. After all, the net result of her everlastingly running away from them had been that they had attached themselves all the more firmly to her, dogging her very steps in the form of menacing tormentors. At long last she dared one day to make the plunge into the depths of this welter of low animals. Needless to say, she did this first by way of a dream. Her dream is presented in Figure 3.

In this nocturnal venture she flung herself courageously into the depths of the sea. There, innumerable slimy slithering tentacles of octopi and other monsters came clutching at her from all sides. What really congealed her in horror, though, was a dark and hideous form of a woman, who rose up from the ooze of the bottom of the sea and made toward her. A long red tongue flickered from the mouth of this spectral woman of the sea. This denizen of the underworld proceeded to draw the dreamer irresistibly down into the depths, sucking her into herself until she felt fused into her. That was the end of this hideous dream. From this point on, even in her waking state, the snakes and worms encroached ever closer upon her body (see Figure 4).

Finally the creatures, as "hallucinations," forced their way actually inside her body and gave her the feeling of being bursting full of snakes and worms; she puts this into form in Figure 5.

It was especially her belly that she believed to be infested and riddled with vermiform creatures. Then they began to spread to her breast, to her arms, her legs. Finally she was beset by the constant fear that the snakes and worms would at any moment wriggle out

of her mouth. Then they thrust right up to her brain. It was in this phase of the analysis that she began suddenly (and for the first time in her life) to suffer from unusually severe migraine attacks. One could scarcely blame the patient that she complained bitterly over this initial "success" of the analysis, and reproached the therapy for having added to her misery rather than relieving it.

However ungratifying the analytic therapy might, for the present, appear to the patient, it had already yielded the analyst invaluable insights into the core of her being. Indeed the dreams, delusions, and hallucinations of this colitis patient had indicated to him that the earthy, creature-like "animal" and instinct-driven phenomena of his patient's existence had already, to an extent, forced access to her awareness. Yet she was wholly taken up in fighting off acceptance of them, so completely and utterly, in fact, that she was left entirely bereft of any base or footing of her own and had—by defending herself so desperately against accepting them—delivered herself over body and soul to precisely that which she so ruthlessly resisted. This is why in the first of her pictures (Figure 1) the snakes and worms (suspended in space and devoid of any base) have appropriated all the available space, encroaching into every nook and cranny. What she rejected assumed for her reptilian "cold-blooded" form—snakes and worms, rather than, for instance, a dog—which indicated further how remote was her withdrawal from every intimation of such possibilities in life. For, obviously the relation between a human being and a "warm-blooded" dog is much closer than that between a human being and reptiles.

With her first decision, on her own, to give up the tactics of sheer flight and to face the onslaught of the animals, the patient became accessible to the awareness that the reptilean way of living could also have a place in human existence. Hence, at this juncture, the emergence of the mermaid with the snake-like tongue. In this apparition, though, the "animalish, instinct-driven" still appeared to her as ominous, vile, and slimy, and as something which must be resisted at all costs. It was not yet possible for her to take the "animalish, instinct-driven" possibilities of world-relationships to herself and acknowledge them positively as belonging to her own existence. As yet, she could endure to look at them only from the outside, could perceive them only through another woman. But the slithery mermaid overwhelmed her, swallowed up the innocent, guileless juvenility of the patient, which thus far had prescribed

the limits within which she had dared to live. Based as it was in this perilous attitude of defense against an overwhelming something, her life during the day was similarly rooted in a sustained and, as she put it, "stupid, senseless fear." This the patient was reluctant to allow. But the more she objected to bringing into the sphere of overt awareness and voluntary decision this abhorrence of any concourse with what allegedly was lowly, animal and earthy, the more this all-determining exclusively defensive attitude of her life could occur only within the visceral and excremental realm of her existence, lodged, unrecognized, in her very entrails. Accordingly, her intestine functioned, in relation to her own stool, as though she received a daily portion of the most revolting poison, which it was imperative to expel with the utmost vehemence and dispatch.

This so-called organ-neurotic symptom showed us, no less than her later hysterical gestures, how true it is to speak of the bodily realm of man as of a partial sphere of our human existence, which, as we have seen, consists of nothing but our possibilities of relating to what we encounter. How else could the intestines of our patient have been so completely in accord with her attitude or her world-relationship of a warding-off of everything earthy? Better still, how else could this specific kind of relationship to a certain realm of her world have occurred *as* and *in* the form of these bodily phenomena only?

Only in the subsequent course of the analysis did the patient become aware that she was warding off something explicitly, and of what was involved in this resistance, namely her abdication to the creature-like realms of the human world. For some time already, she had been unable to detach these animal phenomena completely from herself and to invest them somewhere externally, in worms and snakes suspended in a vacuum. But the idea that her resistance amounted to a disavowal of anything having to do with the potential existence of a whole realm of life, that it was, in fact, tantamount to her disowning something pledged to her and intrinsically her own—this thought remained, for the present, revolting to her. But the more this knowledge began to ascend toward her head, in spite of all efforts to the contrary, the more the awareness of worm-like possibilities in life actually clamored on her brain (to use the language of her pictures), the more her head itself became involved, participated quite literally. As might be expected, this participation



FIGURE 2



FIGURE 3

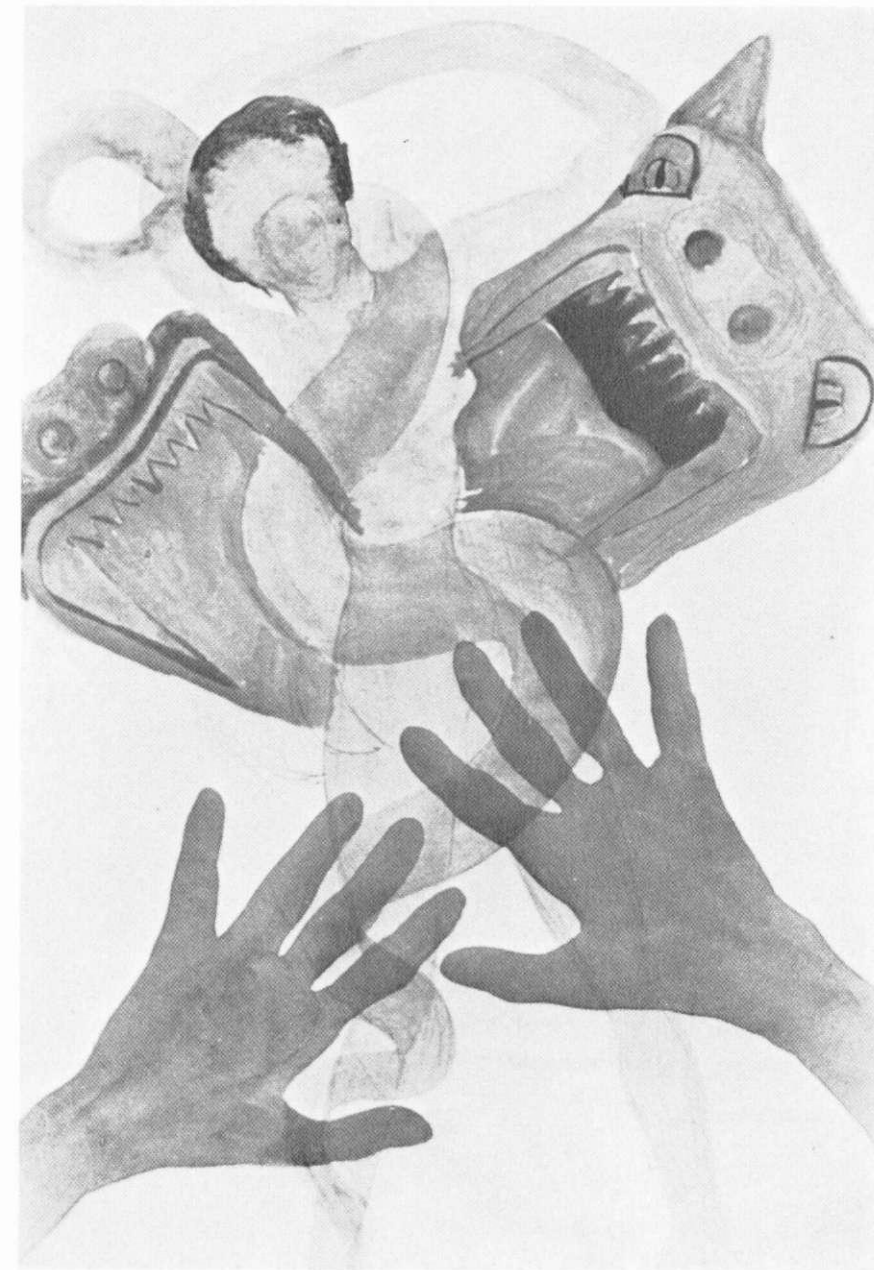


FIGURE 4



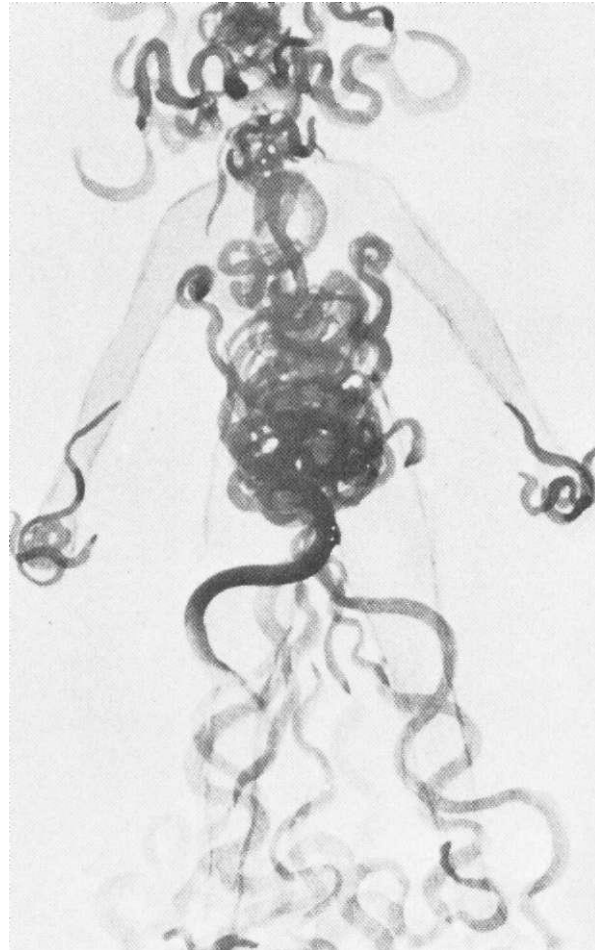


FIGURE 5



FIGURE 6

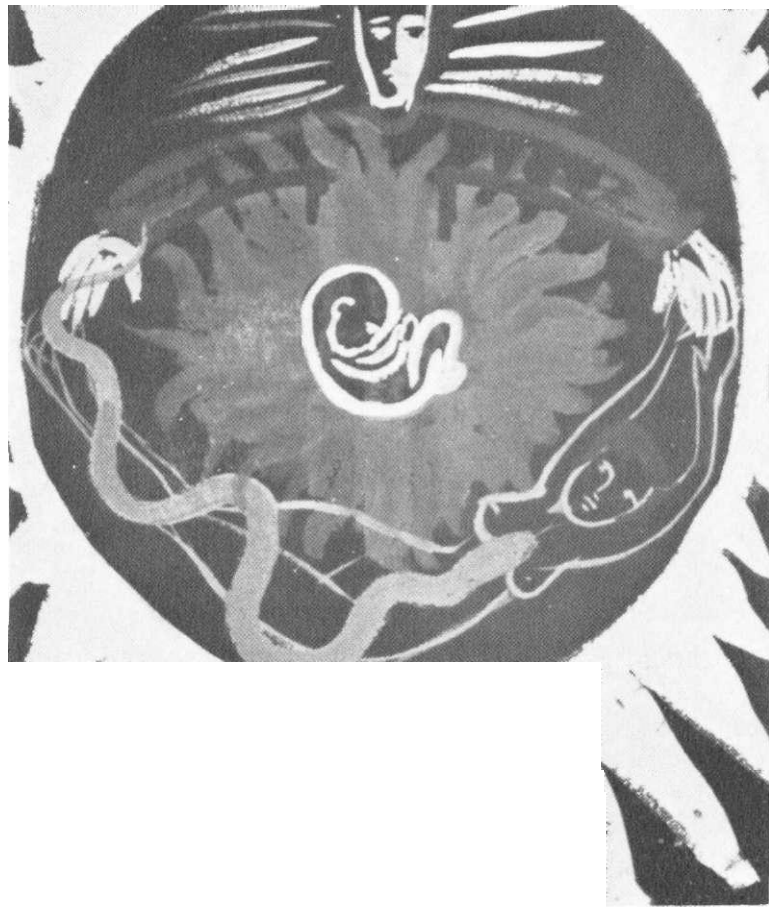


FIGURE 7



FIGURE 8

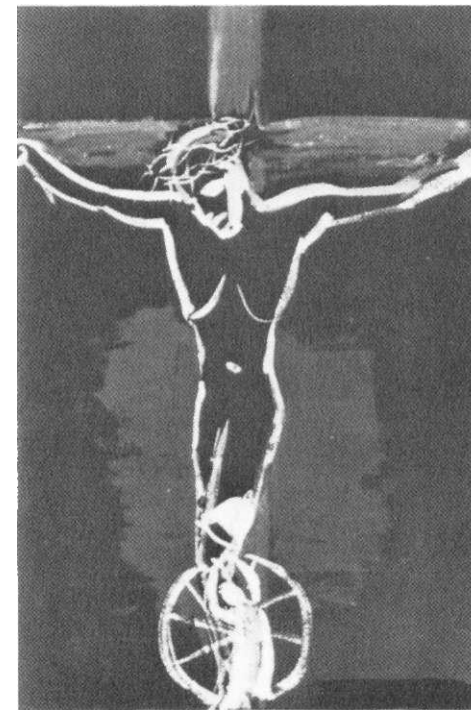


FIGURE 9

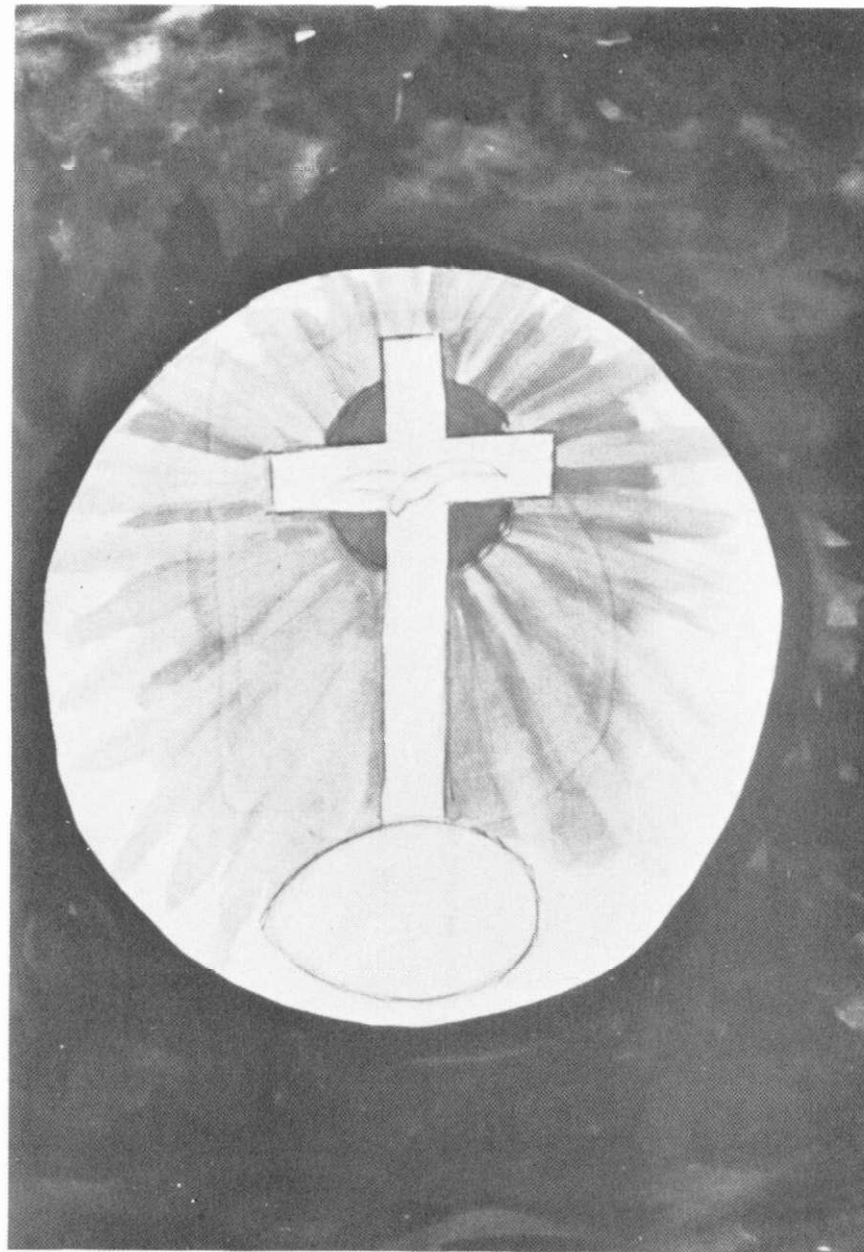


FIGURE 10

of her head also came to pass, at first, as a spastic rejection as formerly had been the case with her intestines. This was the stage at which the severe migraine first occurred. In the months that followed, it was possible to detect a constantly alternating occurrence. The more she could admit an overt, reflecting awareness of her true attitude, the more prominent became the new symptom of migraine. Conversely, the more she defended herself against this knowledge and tried to hide it, the more she relapsed into the old colitis symptomatology. More than two years elapsed, years fraught with crisis and laden with difficulties for both analyst and patient, before the patient was able to achieve an open and free relationship to the animal phenomena in her world. With her growing open acceptance of these potentialities in life, came a real danger that on the plane of direct, volitional interpersonal relationships she herself would completely capitulate to this "animal" relatedness to the world, and would, in short, become a whore. In that event, one would have achieved no more, with analysis, than that against which Freud warned. One should not, he wrote, accept for analysis patients in whom the optimal achievement to be striven for is the conversion of neurotic suffering into ordinary suffering. This would have been the case if one had been content to let things rest with the restitution of her productive ability and an unimpaired capacity for sexual enjoyment—with the achievement, in other words, of "genital primacy" and complete orgasmic potency.

After a few more months of analysis, however, the patient, transformed meanwhile into a highly sensuous, impulsive being, produced a drawing which reveals a completely new aspect (Figure 6).

At first glance nothing has altered. The worms and snakes and similar creatures remain as before. But on closer inspection, one sees a sort of sun in the middle, the first flicker of a spiritual light. And without the analyst's mentioning a word about religion to this erstwhile completely atheistic patient, this sun opened out spontaneously in succeeding drawings. In its center the figure of Christ appears, brooding over the germ of a human life, clasped in his arms, with all its earthen colors and its fleshliness (Figure 7). A little later this embryo becomes a girl, who surmounts the instinct welter of animalness and raises herself to the cross (Figure 8). A few days later, a church bell has taken the place of the snakes (Figure g). And by the end of the therapy, the patient experiences

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a radiant light within her, which she reproduces as shown in Figure 10.

This light is powerful enough to wrest from the surrounding darkness a large sphere of human existence which is secure. Once having found himself, with all his potentialities of relating that which he encounters within the fearless freedom of such a light—and so long as he is able to remain within it—no person need suffer any longer from colitis or migraine. Without the subject having been touched upon in the analysis, the patient no longer needed to fear the erstwhile "allergens" as something hostile and malign, nor react against them with an idiosyncrasy. She could eat several chive sandwiches and an entire bar of chocolate now without suffering the slightest discomfort. Previously, when her whole being was still nothing but craven fear and frenzied defense against everything earthy, excremental, low, and of the creature world, a comparable quantity of "antibodies" would, most surely, have brought her close to death. Nor was the patient any longer in danger of losing herself as a whore. With the restitution of her physical health, she had become capable of a much more mature human love. It is now sixteen years since she married, and in this time she has been a good mother to three children.

## 8

### A Patient with Functional and Structural "Psychosomatic" Disturbances

#### LIFE HISTORY AND HISTORY OF THE ILLNESS

The next case, that of a woman whom we will call Maria, is particularly well suited to illustrate the Daseinsanalytic approach, because the patient was ill and under medical supervision over a period of twelve years and because, during this time, her symptoms changed constantly.

Maria's home was a small village in Switzerland, a community where everybody knew everybody else intimately. Her family were regarded as industrious, run-of-the-mill people. One uncle on the mother's side is said to have committed suicide after he put up bail for someone and was left "holding the bag," losing half of his fortune. The patient's father, as the therapist got to know him, was tall, lean, quiet, and distant. He seemed completely absorbed in his occupations as teacher and village clerk and apparently had never found time to pay serious attention to his only child. He was therefore unable to tell much about the patient's development, nor could he describe her characteristics. The mother, on the other hand, had remembered in detail all the events of her daughter's life history, back to and including her birth.<sup>1</sup> In contrast to the father, the mother had been fairly obese. She had overflowed, not only physically but figuratively, in her motherly concern for her child. Every time she had told of a new phase of suffering that her daughter had gone through, her tears had flowed amply.

If one reduces the mother's report, plus information from five

<sup>1</sup> The patient's mother died before the onset of her daughter's psychoanalysis; all statements attributed to her are either taken from reports of physicians who had treated the patient prior to analysis, or are based on what the patient reported about her.

other relatives, to the questions which interest us most, one notices an impressive bifurcation of Maria's life history. She was breast-fed for eight months without showing any signs of illness. She was healthy all through infancy and childhood. In fact, up to the time when she began to menstruate (at age twelve) a healthier, happier, and more amiable child could not be imagined. In school she was always one of the best students, and her sunny disposition made her very popular with the other girls. There seems to have been just one period in the patient's life before puberty when she was noticeably unusual. From the age of three years until she was about five, she had been a problem eater. She had strictly refused to eat tomatoes and had resisted, as best she could, eating meat. During the same period she suffered from nightmares for a few months, dreaming of witches, robbers, and fire. All these difficulties disappeared on their own and had been all but forgotten by the patient as well as by those around her. Only insistent and pointed questions were able to bring them back to her mind.

A year and a half after the beginning of menstruation—shortly after the patient's fourteenth birthday—her behavior underwent an incomprehensible change. Looking back, she recognized that this time constituted a decisive turn in her life and marked the beginning of almost ceaseless suffering. Up to that time she had been exuberantly affectionate with her mother—had clung to her skirts and could never caress and kiss her enough. Now she began to withdraw from her and to criticize her in various ways. Above all she resented her mother's obesity. At times this would lead to temper tantrums during which she would call her mother a disgusting sow. During this same period the patient discovered tendencies toward obesity in herself. She began to tie up her developing breasts, and she put herself on a starvation diet. Food as such became repugnant. The mere smell of meat and fat, above all, caused the patient to become nauseated. Vegetables and fruit juices, on the other hand, she tolerated. The most conspicuous result of her dietary regimen was a loss of weight to the point of emaciation. She now weighed only sixty-two pounds, although she had grown to five feet. Her menstrual periods stopped. She was given ovarian hormones, which alleviated—comparatively easily—her amenorrhea but also produced emotional tensions and irritability of such severity that medication had to be discontinued. Menstruation ceased again. Treatments with insulin and adrenal cortical

hormones produced similar, merely temporary, results. Eventually all medical treatment was stopped and replaced by exhortations to have patience. It was all right if her weight did not fall below sixty-five pounds; no one expected it to keep pace with her continued growth. Of those concerned, the patient least of all objected to her subnormal weight. In spite of her alarming thinness she retained her energies and purposefully pursued teacher training.

At seventeen she experienced, for the first time in her life, a certain liking for a man. He was a fellow student in teacher training school, the only one who was almost as thin as she was. What she liked about him most was that he was so very different from all the others, and not just physically. He was a very sensitive fellow who disliked noisy activities and lived only for the most exquisite poetry. A purely ethereal friendship developed between them, hardly ever expressed except by mutual recitations of poems. The patient kept this friendship secret from both parents and physicians. They were thus surprised to notice that she began to bloom suddenly, regained her normal weight within a few weeks without any kind of treatment, and even began to menstruate again. This phase lasted for more than a year, until her nineteenth birthday. It was to be the last happy and healthy phase for a long time.

To celebrate her nineteenth birthday, Maria had asked for and received permission to go to a dance by herself for the first time. The occasion, the twenty-fifth anniversary of the music society of her native village, was to be celebrated with considerable display. The two secret lovers planned to meet at this dance as if by accident. When the long-expected night arrived, however, Maria's friend became ill after the first dance, began to throw up, and ran home. Before he left he asked Maria to wait for him. He would probably feel better soon and would then return. When it was almost midnight and her friend had still not returned, she accepted another fellow's invitation to dance. She even accepted his invitation to go for a walk after the dance because she could no longer stand the smoky air of the dance hall. No sooner had they walked the short distance to a grove of woods than her companion threw her on the ground and threw himself on top of her. Maria experienced the scene—insofar as she could comprehend it at all, being still very unenlightened as to sexual matters—as rape. What actually took place she could not clearly remember, except that she had been almost out of her mind with fear. In spite of her

panic, however, she had enough strength left to tear herself loose and run home. She ran into her parent's bedroom, threw herself on the floor in front of her mother's bed, flailed her arms, cried, yelled, and tore her hair. A physician was called who gave her an injection which quieted her down. The next day he talked to her and his friendly and reasonable manner seemed to be effective; she regained her customary good humor within a few days. At odd moments, however, tears would come to her eyes—but she did not know why.

It seemed that the only one who really suffered permanently from the experience was her former boy friend. From the night of the attack, Maria had an unsurmountable aversion against him and would not let him come near her. Neither her appetite nor her sleep were affected by the incident, however. All the greater the surprise when suddenly, six weeks later, the following incident occurred at lunch. First she let herself slip to the floor, where she lay unconscious for several minutes. Then, "as if some vile magic had her in its grip," she bent back until her whole body was in a "back-bend," as dancers call it. Her mother had added blushing that, while in this position, her daughter had made strange rhythmic movements with her pelvis. The physician arrived just in time to witness the last moments of a classic *arc-de-cercle*. Soon the patient got up, as if out of a deep sleep. She recognized and greeted the doctor with an expression on her face which he had never seen on her before. He described it as an unnatural, sweetish smile, characterized by abnormally bright eyes full of erotic desire. He stated that although he was only a general practitioner he had had no doubt that this was a typical *fades hysterica*.

After that these attacks recurred regularly every second or third day, until the physician was able to convince the frightened parents that their daughter's condition was not dangerous but imaginary and due to "nerves." The parents, unusually understanding, followed the doctors' advice not to pay any more attention to the attacks, to leave the girl more to herself, and to treat her more coolly. To the girl the physician hinted carefully that her attacks might have something to do with the shock of the rape scene which she had not quite overcome. These measures were sufficient to make the loud hysterical symptoms disappear within ten weeks. Everybody was thankful that Maria had again recovered. Soon,

however, she developed another ailment. After nine months she had to consult a gynecologist because she was suffering from *fluor albus* of such intensity that her regular physician had been unable to cure it. The specialist tried everything in his power, but for a year and a half all his attempts remained unsuccessful. Eventually he asked for and received permission from Maria's parents to refer her to a psychotherapist.

The patient's first psychotherapy consisted in weekly hypnotic sessions during which the therapist gave the post-hypnotic suggestion that her gynecological symptoms would improve from day to day. This simple treatment showed surprisingly fast results. After four weeks the discharge had stopped completely and the psychiatric treatments were terminated. Maria remained in a strangely depressive mood, however; she could not understand why she did not enjoy the cessation of her symptoms more than she did. Soon her emotional burden expressed itself somatically as pressure in her chest and heart. It became increasingly difficult for her to breathe and occasionally she experienced a rapid increase of the heart rate. Her heart would stop beating for a second or two and then continue at an accelerated rate, throwing her into great anxiety. She felt as if her chest had become too small, as if her heart would burst. Six months after the termination of the hypnotic treatment she was forced to consult a cardiologist, who soon diagnosed a severe cardiac neurosis. He prescribed sedatives, which were only temporarily effective. Disappointed, Maria consulted another internist. During the following five years she went from one physician to another to seek relief. The eighth cardiologist whom she consulted (during the fourth year after the onset of cardiac symptoms) detected for the first time "objective" symptoms of cardiac failure: her shortness of breath increased noticeably during physical labor, and in the evenings her feet and calves were often edematous. The specialist suspected at first that the insufficiency was due at least partly to the strange weight increase which had occurred during the preceding year. But to his surprise the heart symptoms disappeared of themselves when the patient gained even more weight. At the age of twenty-six, she reached her greatest weight, but was no longer aware of her heart at all. She weighed one hundred ninety-three pounds and was five feet five inches tall.

When Maria began to become obese, her interpersonal relation-

ships also changed. Until this time she had fulfilled her various teaching duties energetically and enterprisingly in spite of her many ailments. She had permitted her professional duties to take up most of her time, so that little remained for friendly relations with colleagues. Now her vitality gradually lessened. She no longer had any good ideas for teaching, and her interest in her occupation grew weaker. Whereas she had before been extremely sensitive as far as her teaching was concerned she now did not care at all when she was reprimanded by the school board for indifference and lack of initiative. Eating had become her prime interest in life.

From time to time she tried to bridle her voraciousness and to follow the diet her physician had prescribed. Such attempts never lasted long, because no sooner did she start fasting than she began to feel unbearably uncomfortable, a feeling which soon grew to unexplainable panic. For the same reason she absolutely refused to enter a hospital for purposes of reducing, as her physician suggested. As long as she did not follow his advice and filled herself with sweets, she regained her composure and felt that she had no problems. The result was that she spent a fifth of her monthly salary on food.

By this time the patient's physical and mental state was obviously abnormal. An endocrinologist was consulted. He noticed signs suggesting Cushing's syndrome—namely, the characteristic fat distribution, the personality changes associated with endocrine disturbances—such as apathy, phases of depression, and decreased sexual desire—and a significantly elevated BMR. Surgery was considered, to extirpate the greater part of the hypertrophied adrenal cortex. Before the final decision was made a second psychotherapist was asked for his opinion. He suggested psychoanalysis and the patient decided to follow his advice.

Psychoanalysis was completely successful. Upon the completion of treatment the patient's weight had gone down to one hundred forty-three pounds and she had fully regained her vitality. Professionally she was again fully competent and, above all, she had grown up to be a mature woman. In spite of carrying a full load of work, she now found time for friendships with a number of worthwhile people of both sexes.

Maria's analysis lasted a little more than four years. Toward the end of treatment she had an impressive dream which announced

her imminent recovery. In the dream, she finds herself in an analytic session. A man enters, a professor with a very intelligent face. The analyst introduces the patient to him. The professor and the dreamer soon leave together without paying any more attention to the analyst. Together they visit a festive party. In the house where the party is taking place they walk out onto a balcony and admire the darkness of the night. They know that they are united in their thoughts and hearts. There is no sexual urge. They know they will marry and be together physically, too. But they can wait until that time. In the meantime the festivities inside the house have ended, but the dreamer and her friend cannot tear themselves away from the beauty of the starry night. Now the sky begins to take up the festive theme. The stars arrange themselves to form a huge Christmas tree. A powerful organ of the spheres plays a melody of peace on earth. The dreamer falls into a deep sleep from which she awakens late the next morning in a mood of great happiness.

Two years after she had the dream it became reality, insofar as she actually did marry a very gifted and unusually knowledgeable professor whom she had not even known at the time of dreaming. She loved him with all her being. Emotionally, spiritually, and physically her relationship to him reflected her—now fully developed—ability to love.

During the eleven years since her marriage, this woman has not been sick again. She has given birth twice and she has dealt in a superior fashion with two unusually heavy blows of fate. Above all, she has been capable since her recovery of carrying out the love-possibilities of her *Dasein* fully and normally in the relationship to her husband. As in the case of every healthy, mature woman who loves her husband with body and soul, her happiness pervades her total being. Things, other people, and with these her own self, disclose themselves to her in a manner characterized by brightness, beauty, richness, abundance, and limitless connectedness. Her existence can now be carried out in open understanding of the world around her, particularly in an active care of her family. Due to the changes wrought by the normal fulfillment of her *Dasein*, she now has not only the love fantasies we expect in a mature woman, but also feelings of love for her husband as well as the instinctive, sensuous desire to fuse with him physically. She experiences the act of love physically as any normal woman does; the sensorimotoric and vegetative spheres of her body respond adequately.



**"MEANINGFUL" HYSTERICAL SYMBOLIZATION AND "MEANINGLESS" ORGAN-NEUROTIC FUNCTIONAL DISTURBANCES IN THE LIGHT OF DASEINSANALYSIS**

We shall now discuss Maria's history with the intention of gaining new insight into the essence of, and differences between, hysterical and organ-neurotic symptoms. Maria grew up in a home characterized by an atmosphere of narrow prudishness. The rest of her social milieu was no less hostile toward instinctual urges. Consequently, all sensuous, erotic possibilities of relating had to remain dormant. At nineteen years, she attended a dance by herself for the first time. The comparative wildness of the atmosphere and, above all, the attempted rape which followed, suddenly brought into the open sensuous modes of behavior which she was unable to recognize as her own because she was still encased in childish modes of relating. But the note of instinctual relating had been struck and demanded to be heard. Because the realm of the sensual possibilities was not admitted, these could not appear as features of a love relationship. As a result, sensuous modes of relating were detoured and occurred in the pantomimic gestures of *arc-de-cercle*, in the spasms of the pelvic muscles, the brightness of the eyes, and the involuntary sweetish smile. All of these hysterical symptoms were a manner of relating whose meaning the patient refused to acknowledge and to freely, willingly, take over as her own. We call the voluntary motor symptoms and the autonomous eye phenomenon "hysterical" because both of them are clearly ways of relating to the external world, even though the ecstatic rhythm of a love relationship is carried out solely in the veiled language of gestures. Because these were real gestures and, as such, comparatively easy to understand, Maria's mother had blushed when she first told of her daughter's rhythmic convulsions of the pelvis and her "amorous" eyes.

The therapy of the first physician, instead of effecting a cure, led to the transformation of classical hysterical symptoms into an excessive vaginal discharge which could not be stopped by medication. During this period of the patient's life the interpersonal love relationship occurred only in the medium of the "autonomous" cervical glands. The hypnotic treatment constituted a covering up. It succeeded so well that from that point on the melody of the patient's life—attuned to the abundance of love—had only one

medium at its disposal, the self-enclosed circulatory system. A heart which threatened to burst from its fullness in organ-neurotic fashion gave evidence of the fullness of her love.

If we regard her hysterical and organ-neurotic symptoms in the perspective of her full development, we begin to understand that all of these symptoms form a characteristic series. Essentially just one world-relation comes to pass in all of them—that attuned to the abundance of love. At one end of the series we see hysterical convulsions and mimicry, very impressive to the spectator though then-meaning is veiled. At the other end we find the organ-neurotic symptom of a pathological heart rate, confined to the inside of the body, invisible to others, and devoid of any gesture-like quality. The center of the continuum would be occupied by the symptom of *fluor albus*. Although the potential for an overflowing love relationship shows itself in this case through the autonomous vegetative system, hidden from the external world by her clothes, the symptom does not wholly lack the character of gesture, and thus of communication.

The Daseinsanalytic approach has permitted us to develop criteria for the adequate distinction between hysterical and organ-neurotic symptoms. Furthermore, the sharper differentiation between the two groups of pathological symptoms has made it possible to perceive their essential characteristics more clearly. This has put us into a position from where we can seriously study symbolization, a concept which traditionally plays a central role in the theory of neuroses in general and which has been decisive in differentiating between the two above-mentioned groups of symptoms in psychosomatic medicine up to now. As we have pointed out (see pp. 137 ff.), it has been generally accepted that one can properly talk of symbolization only within the group of hysterical symptoms. The convulsions of our patient would unquestionably have been regarded as "hysteric symbolizations" of certain repressed sexual fantasies, that is, the spasms of the pelvic muscles would have been considered to be merely symbolic expressions of those psychic things and contents which were *really* meant.

To suppose that a phenomenon stands in reality for another which it expresses or symbolizes is an arbitrary intellectual assumption not justified by experience. If we look at the phenomena themselves, we see that our patient's world-relationship of loving came into its being as immediately in the early hysterical gestures



of *arc-de-cercle* and the spasms of the pelvic muscles as in the later sexual fantasies and actual sexual intercourse with a beloved partner into which she entered freely. The difference between the earlier and later forms of carrying out the relationship of love was only that in its earlier appearances the relationship was kept back, as yet, from its full and open unfolding into responsible and fully willed interhuman actions.

All psychic phenomena can be understood similarly. Thoughts, ideas, fantasies on the one hand, and all hysterical physical symptoms on the other, must be regarded as two equally autonomous forms in which *Dasein* itself occurs, each form being carried out in different realms of existence. This is the reason why it amounts to coercion to posit an expressive relationship between the two realms, and to even greater coercion to derive one from the other "psychologically." We would like to state here the fundamental difference between the two terms "expressing" and "carrying out." We have previously pointed out (see pp. 1362.) that the concept of "expression" presupposes something "behind" appearance and assumes that this something "manifests" itself in what is expressed. But when Daseinsanalysts say that human existence *carries itself out* in a specific phenomenon, they refer always (and only) to the *original and immediate occurrence of Dasein itself as this phenomenon*.

The patient's existence, attuned to the overflow of love, carried itself out with the same directness in the hysterical symptoms as in the palpitations and interior chest pain which followed later. The difference was that the latter, organ-neurotic modes of carrying out the possibility of loving claimed a *different realm of Dasein*. Both organ-neurotic disturbances and hysterical physical symptoms are excessive corporalizations of an existential relation; each is direct and authentic. The essential content of organ-neurotic symptoms can therefore not be less than that of hysterical ones. In both instances we deal with a possibility of existing which is carried out in a way deviating from the norm. To regard hysterical symptoms as comparatively "meaningful" symbolic expressions of certain psychic factors seems as inadequate as to condemn organ-neurotic illness to the role of "meaningless" physiological mechanism or that of a mere vegetative, concomitant symptom without content. Both points of view miss the true essence of these disturbances.

Our patient's illness raises still other questions of crucial impor-

tance for psychosomatic medicine. The speedy transformation of classic hysterical symptomatology into equally classic organ-neurotic symptoms mercilessly confronts us, above all, with the difficult problem of so-called choice of neurosis, a problem which Freud tried to answer but before which he had to capitulate after many attempts at solution had failed. In the end he saw no way out but to identify the problem with the vague notion of "sexual constitution," thereby dumping it into the lap of biological research.<sup>2</sup>

#### THE PROBLEM OF "CHOICE OF NEUROSIS"

Two very different kinds of influence were responsible for the change of the patient's symptoms from hysterical to organ-neurotic ones. The first influence consisted in her physician's careful hints regarding a possible connection between her attacks and the sexual experience she had undergone. The second influence was the change in her parents' behavior; they had, it will be remembered, followed the physician's instructions to stop paying any attention to her symptoms to a point which amounted almost to Maria's complete isolation. Apparently as a result of the first of these measures, the hysterical disguise no longer sufficed to hide the sensual and erotic aspect of loving from the patient. At that time of her life she had not yet unfolded to become a real self; she was still caught in the mentality of her surroundings. In her world, instinctual and sensuous modes of behaving were considered sinful and were not admitted. Because the physician's hints emphasized the sensuous and erotic content of her hysterical symptoms—at a time when she was not yet ready to take over such modes of relating—stronger defenses and disguises became necessary. When possibilities of relating cannot be carried out appropriately, they are blocked. Often, when the initial blockage proves not to be strong enough, it is displaced from the periphery to the inside of the body, a change which implies greater concealment. This is what happened in Maria's case. Pelvic spasms and *fades hysterica* gave place to *fluor albus* and, finally, assisted by hypnotherapy, to an organ-neurotic

<sup>2</sup> See, for example, S. Freud, "My Views on the Part Played by Sexuality in the Aetiology of the Neuroses," in SE, Vol. VII, pp. 269 ff.; "Notes upon a Case of Obsessional Neurosis," in SE, Vol. X, pp. 153 ff.; "Formulations on the Two Principles of Mental Functioning," in SE, Vol. XII, pp. 213 ff.; "The Disposition to Obsessional Neurosis: A Contribution to the Problem of Choice of Neurosis," in SE, Vol. XII, pp. 311 ff.

cardiac disturbance. Furthermore, because every hysterical symptom is a distinctly interpersonal phenomenon, it needs to be shared with a partner or partners. If partners are missing, it cannot occur *as* an hysterical symptom. Therefore, when the patient's parents ceased paying attention to her on the advice of the physician, they withdrew thereby the possibility for carrying out her love relationship in an hysterical manner.

The transition from hysterical to organ-neurotic symptomatology in this case immediately brings to mind an analogous phenomenon—the peculiar changes generally observed in neurotic symptomatology during the past decades. It is, for instance, generally known that the First World War produced whole battalions of "shakers," men who became unfit for combat because of the hysterical tremor of their extremities. The armies of World War II, however, produced hardly any soldiers with hysterical symptoms; but organ-neurotic stomach and intestinal disorders increased enormously. Is it possible that we see here, on a large scale, the same phenomenon (and for the same reasons) which we encountered in our patient? Did the development and popularization of psychoanalysis result in a general psychological enlightenment which spread far and deep into the knowledge of all social strata? Also, is it not true that contemporary forms of social living bring with them a considerable amount of isolation of the individual, so that the individual is forced back upon himself when it comes to those realms of living which matter most? At the very least, this patient's case teaches us that the problem of choice of neurosis can never be understood on the basis of the isolated individual alone. Sociological factors and even factors which are not capable of psychological interpretation must also be considered. To phrase it more succinctly: the problem of choice of neurosis can be understood only on the basis of *Dasein* in its totality;<sup>3</sup> and *Dasein*, apart from always being *my Dasein*, is always also being-with, i.e., *Dasein* exists fundamentally with others and is related to the things of a world it has in common with the others.

The question of "choice of neurosis" is, of course, by no means settled by these deliberations. We hardly need point out, for example, that "choice," in the sense of a free decision for something, cannot play any part within this frame of reference. For all neurotic

<sup>3</sup> See also H. Bürger-Prinz, "Über die männliche Sexualität," in *Zschr. f. Sexualforschung*, Vol. I, No. 2, 1950, p. 5.

phenomena are in themselves indications that a person has lost, to an important extent, his freedom to decide, that he is "being somaticized" when he should carry himself out in freely and responsibly accepted interpersonal relationships. But we do understand this much about the hysterical and organ-neurotic symptoms of our patient: both kinds of symptoms carry out the same world-relationship, but conceal this world-relationship to different degrees. We saw that Maria's *hysterical* symptoms appeared when a possibility of living was restricted to a sphere of existence which, though it did not permit appropriate carrying out, still permitted a language addressed to fellow human beings, the admittedly inadequate and veiled language of gestures. We also saw that her *organ-neurotic* phenomena were characterized by the fact that these same modes of existing (or possibilities of living) congealed in the taciturn medium of her innermost bodily realm.

Our differentiation between the two forms of neurosis does not tell us anything about the specific somatic region through which a concealed life relation may appear. The problem of "choice of neurosis," with its question of the form of the neurosis (hysterical or organ-neurotic), first narrows down to the question of "choice of organ," and finally to the question of specificity of the "choice of organ." Many researchers do not hesitate to call this question the "crucial problem" of modern psychosomatic medicine.<sup>4</sup>

#### THE PROBLEM OF "CHOICE OF ORGAN"

We now ask why our patient produced exclusively those symptoms which we have mentioned—pelvic spasms, hysterical smile, and amorous eyes—during her hysterical phase? Could she not just as well have developed *torticollis spasmodicus*, hysterical paralysis of the foot, or hysterical aphasia? Why did she not, after she began to exist organ-neurotically, develop gastric symptoms? Why did she not develop bronchial spasms with asthma attacks, or cranial vascular changes with migraine headaches? Did the disturbances in the patient's internal genitalia and her cardiac symptoms arise out of necessity or could other symptoms have arisen?

The question of choice of organ is open to the same objections

<sup>4</sup> See, for example, F. Alexander and T. M. French, *Studies in Psychosomatic Medicine*, New York, 1948, p. 10.

which we have voiced in connection with the problem of choice of neurosis. Both terms persist only because we are accustomed to them. The state of affairs to which the term "choice of organ" is supposed to refer does not even come into view as long as the term is used. The term is misleading in two ways, for in reality neither "choice" nor "organ" are involved here at all. The concept of organ as used here presupposes that the human body is the sum of its more or less connected parts and organ-objects. This being the case, "choice" must necessarily be attributed to a more or less conscious subject, or to a more or less unconscious subjective function, either one of them superimposed on the body and capable of "choosing" this or that part of the body. In reality, however, it is always a relation to the world—the one as which the existence of a person happens to be carried out at the time—which determines the specific corporealization at any given time. It follows that at a particular time those realms of the body will predominate which belong to the particular relation which is carried out, those realms of the body (to state it even more precisely) which this particular relation *is*, insofar as it shows itself somatically.

We have already identified the factor which, in cases like that of our patient, decides whether an organ-neurotic or a hysterical form of neurosis will appear. We saw that we *cannot* differentiate on the basis of the *specific kind* of *relationship* which is prevented from its full and free unfolding; the decisive factor is the *degree* to which a possibility of relating to somebody or something of the world is being *kept back*. This means that in some instances it can be carried out only in the covered-up realms of the interior of the body, and in other instances in the much larger realm of involuntary, compulsive, hysterical gestures, which almost reach the open sphere of normal, responsible, willed interpersonal relationships.

The determinants of so-called organ-choice are of a different kind. The particular somatic realm where *either* hysterical *or* organ-neurotic symptoms will appear depends on the *specific kind* of world-relation which is not being permitted to unfold freely. Even in healthy people, that bodily realm of their existence is in the foreground which constitutes a partial phenomenon of the world-relation that is being carried out at the time. The somatic phenomena which push themselves into the limelight in hysterical and organ-neurotic disturbances also belong exclusively to the world-

relation as which a human being is existing at the time, though only in a dammed-up way.

In Maria's case, the main issue was the life-possibility of being-together-in-love with a person of the opposite sex. For the full occurrence of this manner of existing, the partial phenomena of the loving glances and the smiling mouth, as well as the muscular phenomena of the pelvic region, the vaginal secretions, and the increased heart rate, are as essential as the physical, sensual union of the partners and their loving thoughts for each other. This is the reason why these specific spheres of the body, bodily functions, and gestures—and no other—were inflated to hysteriform and organ-neurotic symptoms when the patient's ability for a loving relationship was arrested. If the patient had hated her brutal partner because of his attempt to rape her, if she had actually wanted to hit him but had not permitted herself to become fully aware of this impulse or to carry out the deed because of moral scruples, this relationship of hate would presumably have carried itself out in form of a hysterical paralysis or a hysterical spasm of the arm muscles. If the desire to hit which she had not permitted herself to carry out had been pushed away even further than into the sphere of an hysterical gesture of which she was not aware, it would possibly have been carried out in the realm of organ-neurotic symptoms by way of a general tension state and increased tonus of the skeletal muscles. We conclude that the greater the prohibition against carrying out a given manner of existing in open, knowing, interpersonal behavior—the further it has to retreat, to the realm of hysterical gestures where there is no awareness, and then perhaps even further, to the muted realm of bodily functions where organ-neurotic symptoms occur—the more a characteristic loss of differentiation inevitably accompanies this retreat. Instead of a hitting motion, directed against a specific, hated person and carried out at a specific moment with full knowledge and decision, there appears a hysterical, unwilled muscular spasm in the right arm. When the same arrested world-relation appears organ-neurotically, it is even more generalized. There is a general increase of tonus which affects all of the skeletal muscles for an indefinite period of time.

However, experience shows that it is not only basically loving people, like our patient, who develop severe organ-neurotic heart symptoms. Persons whose whole *Dasein* is attuned to and absorbed in hate show identical symptoms if they do not freely take over

their hating existence in the form of conscious aggressive fantasies or even by getting into brawls. On the other hand, we also know of lovers who, like frustrated haters, suffer from hysterical cramps in the arms when they do not dare to carry out their relationship to the loved one by caressing him or at least by admitting to themselves that they want to caress him.

If, however, neurotic illness of one and the same bodily sphere can be connected with relationships of either love or hate; if, furthermore, neurotically disturbed love as well as repressed hate relationships can come to the fore in completely different regions of the body, does this not mean that it has been shown conclusively that there is no such thing as specificity of neurotic "organ-choice"? The very manner in which this question is posed reifies and artificially dismembers that which needs to be understood. Once the human body has been pictured as a conglomeration of organs, it is almost inevitable that "specificity" must come to mean a lawful correlation between separate psychic things and specific organs. Such reification and dismemberment confuses the issue from the outset so that it no longer matters whether one imagines the psychic things to be love, hate, personality traits, character traits, unconscious instinctual conflicts, or emotional constellations.

The way in which we use the term "specificity" is not subject to such criticism. We use "specificity" to mean that if somatic realms of a *Dasein* exhibit disturbances, such disturbances are always *integral* to an arrested world-relation; the disturbance of a bodily realm *is* the restricted world-relation itself—its somatic part. We should remember, however, that heart and hand (for instance) are partial somatic phenomena of *both* the world-relation of love and the world-relation of hate. For this reason both heart and hand are prominently engaged whenever an existence is attuned to either love or hate. Even within the realm we consider normal, the heart beats faster and the hand performs specific acts regardless of whether two people embrace each other in love or hit each other in hate.

It would have been surprising, however, if our patient had developed a *colitis mucosa*. Such "choice of organ" is impossible on principle (and has never been shown to occur) in an existence attuned totally to the interpersonal relation of loving submission. The somatic realm of the colon cannot be "chosen" by an existence so attuned, because this realm belongs to a totally different world-

The multiform history of Maria's life and suffering poses still more problems. Her organ-neurotic heart troubles of long standing seemed unexplainably to disappear into thin air without treatment—a long time, moreover, before psychoanalysis enabled her to achieve a complete recovery. The patient simply discovered one day that she was no longer really aware of her heart. Or, perhaps it was not "thin air" into which the cardiac neurosis disappeared, but rather the fat of the suspected Cushing syndrome that eventually sucked all her heart symptoms into itself. Nothing could at first glance seem less likely than such a supposition. Yet, the events which occurred soon after the patient had started psychoanalysis force us seriously to consider such a possibility.

#### DASEINSANALYTIC REFLECTIONS ON THE ANATOMICAL-STRUCTURAL SYMPTOMS

*An Adipose Phase of Life.* Undeniably, the cardiac symptoms of our patient started at a time when she weighed one hundred thirty-four pounds and disappeared five years later when she weighed one hundred ninety-four pounds. In the meantime, however, she had not only become frighteningly fat physically but also had become a totally different person mentally. She had lost all her earlier vitality and initiative and except for short periods of depression had become an indifferent, apathetic being. She called herself a "stuffed reptile," smiling indolently and phlegmatically while saying so. In the main, all her interests had become concentrated in the greed to eat appetizing dishes, particularly sweets.

At the beginning of analysis the faintest attempt to start the patient to wonder about her life situation was answered immediately with an immense increase in her desire to eat. Similarly, even the slightest demand of an interpersonal nature was sufficient to make her gain four pounds. Her dreams, too, were unequivocal during this phase of her analysis. The following dream is typical. The patient, with her analyst, was walking up and down the main street of her native village. The analyst tried to persuade her to go back to school as a second grade student. Eventually she agreed. Together with the analyst she started walking in the direction of

<sup>5</sup> Cf. M. Boss, *Einführung in die psychosomatische Medizin*, Bern, 1954, pp. 171 ff.

the school house. To get there she had to pass a crossing near the parental home. Arriving at the crossing the patient tore herself away and ran home to her mother. Mother was just starting to give the bottle to an infant. On a table next to her was a huge cake with rich sugar frosting. The dreamer awoke, unable to decide whether she herself might not have been the infant. Commentary is hardly necessary.

After half a year of the most patient and careful analytical work the first signs of a positive relationship of the patient to the analyst became noticeable. Until then she had more or less vegetated without any relations to the world around her, except to food. Now she began to feel secure and sheltered in the analytical situation and to perceive the analyst as a protective and supportive father figure. As soon as her existence thus began to unfold in an interpersonal relation, her fat began to melt like butter in the sun, even though the structure of the relationship at this point was akin to that of an infant's love for her parent. Even the slightest disturbance of the "transference" relationship, however, immediately resulted in an increased desire to eat and a weight gain.

When, after three years of analysis, the patient had matured to the equivalent of puberty, her relationship to the analyst took on traits resembling those of a teen-age crush. It is significant that, before she could admit these feelings and fantasies to herself and verbalize them to the analyst—and thus genuinely appropriate to herself these virginal possibilities of carrying out a love relationship—intense heart symptoms occurred again. The patient felt that she had been thrown back to earlier years. What actually occurred, however, was the unwinding of the neurotic spool of thread, a necessary part of every correctly conducted analysis. Analytical experience shows that patients grow beyond this stage of maturity in the unperturbable good-will of the analytic situation. So did our patient. Eventually she reached the maturity appropriate to her chronological age and no longer needed the analyst, because she now had taken over her existence as her own responsibility.

The question remains: how can this woman's insatiable desire to eat and the resulting adiposity be understood on the basis of her life history and the history of her cure? The answer seems inescapable. All of the patient's possibilities for living had congregated increasingly in the one world-relation of incorporation of food, until practically her whole existence was absorbed in a compulsive desire

to eat. Even before she started to crave food, her hungering for love had been carried out in an arrested manner through the heart symptoms. Now the relationship of hungering for love was carried out on an even lower level. The hunger for love inflated the world-relation of incorporation of edibles, the "ordinary" hunger relation, to an insatiable greed. It is by no means accidental that when the blocking of her existence was at its most extreme, it was carried out at the level of cellular metabolism. At that time two events had closed off, more than ever, the interpersonal avenues for carrying out *Dasein*. She had increasingly been made to feel that her physicians were beginning to lose interest in her and that her stereotyped complaints about cardiac symptoms were getting on their nerves more and more. The other significant event had been the death of Maria's mother, which had occurred a few weeks before she started visibly to put on weight. Moreover, soon after her mother's death, her father became completely absorbed in a love relationship with one of his fellow teachers. The patient experienced her situation as one of hopeless abandonment. M. Bleuler and his co-workers have found very similar, desolate life situations to precede Cushing-type syndromes in an unusually high number of cases.<sup>6</sup> It goes without saying that in this type of research one must not look for an "absolute" or an "objective" degree of human suffering. The one valid criterion is the specific meaning a given life situation has for a concrete, suffering human being.

The patient now began to carry out her existence in the main by way of acquiring physical fat. Consequently the spiritual sphere of her *Dasein* became steadily emptier. Intellectual apathy and a growing lack of interest in everything that could not be eaten became increasingly noticeable. Here is the reason why, contrary to the physician's predictions, her cardiac symptoms disappeared spontaneously without leaving any trace while she was at the same time getting heavier. We can also understand now why dietary regimens were bound to fail and why the patient panicked at the very idea of enforced fasting. If eating is the only life relation left to a patient

<sup>6</sup> See, for example, M. Bleuler, *Endokrinologische Psychiatrie*, Stuttgart, 1954, p. 144; G. Schwobel, "Die Psychopathologie des Cushing Syndroms," in *Schweiz. Arch. f. Neur. u. Psych.*, Vol. 74, Nos. 1, 2, 1955, pp. 369/7.; R. Furger, "Psychiatrische Untersuchungen beim Cushing Syndrom," unpublished dissertation, University of Zurich, 1961. Also, W. H. Trethowan and S. Cobb, "Neuropsychiatric Aspects of Cushing's Syndrome," in *Arch. Neurolog. Psychiatr.*, Vol. 67, 1952, p. 283; E. Kehrer, *Endokrinologie für den Frauenarzt*, Stuttgart, 1937.

as a possibility to exist, fasting must in the genuine sense equal destruction of the world and death. This is so because man is "there" and in-the-world only *in* and *as* his relating to the things of the world. By the same token, our patient's excessive food intake not only diminished but did so of its own accord as soon as another possibility of existing had again opened up for her during analysis in the form of her relationship to the therapist. Here, as in other analyses, therapy for obesity became effective only when the patient was offered something better than dietary rules which she felt were designed to rob her of the content of her life—namely, parental protection in the psychoanalytic situation. We may add that the symptoms and cure of this case of obesity, seen together, banish all doubt that dammed-up human existing can retreat even further than hysterical and organ-neurotic somatic function. If certain possibilities of existing are excessively throttled, it is apparently possible that an inflation in the medium of the tissue structures is the result.

*An Anorexic Phase of Life.* All the phenomena of the patient's illness we have discussed so far—all her hysteriform and organ-neurotic functional disturbances as well as her obesity—we have been able to understand satisfactorily as due to an insufficiently free and open execution of human life relations, which prevented a genuine being-herself. We are satisfied that *all* hysterical symptoms must be regarded as an abnormal "inflation" of one or the other part of the bodily realm, an inflation which occurs because the carrying-out of an important world-relation has been confined to this particular sphere of a patient's existence. Only *some* of the organ-neurotic disturbances, however, fall into this category. Maria's anorexia teaches us that there are organ-neurotic illnesses which do not even have this much in common with hysterical symptoms.

The patient's *anorexia mentalis* began, as it so often does, at a time when she had already started to menstruate. The first symptom was not anorexia but the distaste she suddenly developed for her mother's obesity. As for herself, the patient's initial concern had been to delay development of her body to a more mature feminine shape. Thus she bound back her developing breasts as much as possible. During analysis she recalled this time vividly, in particular her sadness, even despair, over being unable to remain a child any longer. The big bodies of grown-ups all of a sudden appeared disgusting to her. She began to experience her own body as a devilish

oppression. She horrified her mother by stating that she never wanted to marry or have children because she did not intend to populate the world further with such disgusting flesh. The bigger and heavier she became, the more sinful and dirty she felt. As soon, however, as she began to lose weight through fasting, she perceived her physical lightness as cleanliness and it made her happy. Through excessive fasting she could achieve a state of blissful suspension during which things around her seemed airy, too—winged, translucent, and weightless. She thought that this must be the way the angels in heaven felt.

She also reported that she had dreamed at the time of either flying or being suspended almost every night. As a rule, however, only the beginning of these dreams had been blissfully happy; they had all ended horribly. At the beginning of the dreams she had never actually seen the earth below; almost always, she would be suspended above delicate, bluish cloud formations or above a diffuse sea of whitish vapor. Suddenly her ability to float would leave her. She would drop down through the filmy atmosphere and then would regularly face the mortal danger of being swallowed up by an immensely large, stinking morass of grayish-black color. Sometimes she had been able to muster all her strength and swing herself up again above the clouds. More frequently, however, she had awakened, horrified by the threat of drowning.

What is at stake for this person in her anorexia she tells us as clearly by her waking behavior as in her dreams. Her existence has collected itself totally in defiance of all life relations of an earthy, sensuous, and erotic kind. She does not want to have anything to do with the fleshliness of her own body or those of other people. This is because everything earthy and material discloses itself to her *Dasein* only in its suffocating and decomposing aspects. The excessive care of the patient's mother, her father's lack of attention to her and his lack of recognition of her femininity—all of this, combined with the extreme hostility of her social milieu toward the domain of the sensual, put the biggest possible obstacles in the way of her ability to mature normally. There is little left for her but to remain suspended in midair, as her dreams show her to be. The more her developing body presses her to enter into the earthy, sensuous life relations concomitant with sexual maturing, the more desperately she tries to hold on to her ethereal dreams. But—in contrast to all hysterical and some organ-neurotic symptoms—our patient's attitude

of radical defense against the fleshy, sensual, material sphere of her world was not at all kept back from being carried out within the open realm of reflected upon, willed, interpersonal actions. On the contrary, we notice that she openly and knowingly fights her mother, the possessor of such opulent corporeality; we also see her take forceful steps to stop the development of her own breasts. All this is in striking contrast to her later hysterical and organ-neurotic symptomatology, occasioned by the arrest of certain possibilities of living in the domain of her body.

During the period of her anorexia, then, Maria *openly* and voluntarily carries out a defense against having to exist as a sexually mature feminine being. She collects almost all her potentialities in this one manner of relating, i.e., the defense against being feminine. The result is a strain of such severity on this manner of relating that the domain of her body, too, is drawn into the defense of all that is sensual and physical. Soon the structure of her body falls in line with this direction of her *Dasein*. The pituitary ceases to produce FSH hormone, in accordance with the existential world-relation of this human being. The ovaries either fall silent again or are neutralized by the production of opposing hormones, so that the patient regresses to an infantile amenorrheic phase. Her over-all physical habitus more and more begins to resemble that of an unreal ghost. A change occurs only when the platonic encounter with a similarly ethereal male enables her belatedly to mature to some extent. Now the structure of her *Dasein*, hitherto forcefully compressed into a child-like manner of existing, is given an opportunity to broaden its base. As she grows richer in regard to interpersonal relations, her physical substance grows also. Pituitary and ovaries are even permitted to get ahead of her emotional love relationship. It is hardly surprising, however, that the process of maturing, so recently begun, could not stand the brutality of an attempted rape. It is remarkable that the patient had in the meantime developed sufficiently to make a retreat to the old and radical defense of an anorexia impossible. What happened was "merely" a concealment of her love possibilities to the realm of hysterical gestures.

Our patient's anorexia has given us an opportunity to demonstrate the second manner in which neurotic somatic illnesses may arise. At the same time we would like to emphasize that the same rules concerning "specific organ choice" apply to symptoms arising in this fashion as to those symptoms whose appearance is due to the

arresting of a life relation in the medium of the interior of the body. Even if the overextension and distortion of the somatic existential realm is due, not to the *concealment* of a life relation, but—as in this case of *anorexia mentalis*—to *excessive collection and reduction* of a *Dasein* in a given life relation which, though it is carried out knowingly and voluntarily in interpersonal relationships, is overburdened by such concentration—even then only specific somatic realms will become involved in the process of illness: those which somatically *are* partial phenomena of that particular world-relation.

Finally, we should not overlook the fact that a secondary damming-up of a forced life relation into the somatic sphere often accompanies the second category of organ-neurotic disturbances, a damming-up that we described earlier as the essential characteristic of the first category of organ-neurotic illnesses. Once an existence is concentrated in one relationship to the world, an open, unlimited carrying out of this world-relation exclusively in the realm of interpersonal actions would assume forms which neither conscience, self-esteem, or one's fellow men would permit.

# 9

## "Anxiety Hysteria"

As an example of symptom formation in anxiety hysteria Freud chose a "well-analyzed animal phobia." He writes as follows:

The instinctual impulse subjected to repression here is a libidinal attitude towards the father, coupled with fear of him. After repression, this impulse vanishes out of consciousness: the father does not appear in it as an object of libido. As a substitute for him we find in a corresponding place some animal which is more or less fitted to be an object of anxiety. The formation of the substitute for the ideational portion which has come about by *displacement* along a chain of connections which is determined in a particular way. The quantitative portion has not vanished, but has been transformed into anxiety. The result is fear of a wolf, instead of a demand for love from the father.<sup>1</sup>

We have gone through this and Freud's other case histories of phobias in order to find proof for "displacement" of "ideational content" and "transformation" of its "quantitative portion" into anxiety. We found no such proof. We did, however, analyze a patient with a similar animal phobia and found the following.

At the age of nine, he had begun to be very much afraid of police dogs. Analysis revealed that through the perception of these animals he immediately became aware of the animalistic, sensuous, aggressive, impulsive possibilities of relating to fellow human beings—possibilities which were as much part of him as they are of every human being. What frightened the boy was his immediate awareness of these aspects of his world. No mysterious transformation of libido into anxiety needs to be assumed as a basis for explanation. His fear can be understood on the basis of his life history and his human condition. He existed, to a greater extent than one would expect for a boy of his age, under the absolute tutelage of his parents. Every

<sup>1</sup> S. Freud, "Repression," in SE, Vol. XIV, p. 155. The case to which Freud refers is the one he later published under the title, "From the History of an Infantile Neurosis."

detail of his behavior was directed by their wishes and intentions, to the point that he lived "through" them, so to speak. The atmosphere of his home was characterized by an extreme pietistic hostility toward the world. The father in particular leaned toward an overly ascetic way of life. Existing within this type of parental relationship to the world and completely caught in it, the boy felt that any engagement in the sensual realm of animal wildness was sinful and punishable. He could not achieve a free relationship to his own impulsive and sensual possibilities of relating, nor to the realms of being which show themselves in the light of these possibilities. On the contrary, he had every reason to fear that his unauthentic, unstable self might be swallowed up by the forbidden, but supremely powerful, animalistic realms. As soon, however, as the patient was able to experience, in and through the relationship to his analyst, the fact that impulsive and sensual manners of relating are part of being human and may thus be permitted to be part of his own self, the animal phobia disappeared completely and forever. Hypotheses such as "repression of an instinctual representative into an unconscious," "displacement of perceptual content," or "transformation of quantities of libido" had been unnecessary for both the understanding and the cure of the phobia. Direct observation, on the contrary, taught us that it was the oppressive presence of an actual realm of being emerging within the boy's world-openness that he feared—which is to say that no repression had taken place, much less a return of the repressed.

The fears of patients suffering from agoraphobia, claustrophobia, and acrophobia are, in principle, similar to those of the boy we have just described. These types of neuroses differ from animal phobias only in that the things that belong to realms of being which the patients fear or hate are prevented even more strongly from appearing openly in *Daseins* fight. Agoraphobics keep things so far away, claustrophobics close themselves off to such an extent, neurotics who fear high places fly so high into the lofty spheres of their intellect and will power, that only the approach of a completely unknown and uncanny something from the distance, from the enclosed or out of the depths, can be feared—he no longer fears such well-defined living beings as dogs or horses. Here again, what is feared is by no means absent, hidden in some hypothetical container such as the unconscious. These phobic people are, on the contrary, so



much under the spell of the anxiety-laden relationship to what they fear that—by their very repulsion of that which they are involved in—they are the more tied to, and attracted by, what appears fearsome to them.

On the other hand—and here Daseinsanalysis agrees with Freud and not with certain of the contemporary pseudo-Daseinsanalytic theoreticians—phobic people are always afraid of a concrete, though unknown, event which suddenly may overtake them from a distance, from within the enclosed or from the depths. It is by no means a matter of their not being able to master the "symbolic spatial qualities of distance, depth, and narrowness." Such a conception presupposes the existence of a primarily given three-dimensional space, or of a world-case within which man finds himself to be present in the manner of an object, along with all other objects in the world. It further presupposes that the neurotically ill person, under certain conditions, assigns the symbolic spatial qualities of distance, depth, and narrowness to such pre-given spatial dimensions, and fears them because they "symbolize" the future and the enlargement of his existence.

Now the decisive discovery of analysis of *Dasein* is precisely that *Dasein* is primordially spatial in itself (see pp. 42 ff.). The primary spatial dimensions of a world-case which the above-mentioned theories postulate are not primarily given at all. Man originally exists only *in* and *as* his world-disclosing relations with what he encounters. Man's primary spatiality opens itself up in these very relationships and unfolds according to their specific character, i.e., according to the kind and degree of meaningfulness of what man encounters. The encountered touches man "closely" or only in a "distant" way, or—if he is an agoraphobic, a claustrophobic, or an acrophobic—he fearfully keeps certain things away and concealed from himself, thereby preventing himself from unfolding into a free spatiality. Every analysis of such a patient demonstrates anew that he fears, keeps away, and flees from the same things which patients suffering from animal phobias fear—namely those things that either constitutional weakness or a faulty education made fearful for them.

The very patients whom the pseudo-Daseinsanalytic investigators cite as witnesses give the lie to the conception of "symbolic spatial qualities." For example, one of the patients whom von Gebattel mentions says that "something terrifying is rolling towards me from

the distance."<sup>2</sup> Univocally, what terrorizes her is *not* the concept of distance but something that wants to approach her and show itself in the light of her *Dasein*, but which she fears to encounter and to admit. Nor does the distance symbolize the future for this patient.<sup>3</sup> Rather will the future unfold itself only as the very ways in which she will deal with what she fears. Her future will present itself to her—i.e., will become her actual present and then her living past—only if she will permit what she fears to approach her, and if she will enter into a free relationship to what she still dreads. If she will not—or can not—do so, her existence will come to a standstill and there will be no future for her at all.

<sup>2</sup> V. v. Gebattel, Die phobische Grundhaltung," in *Handbuch der Neurosenlehre und Psychotherapie*, Vol. II, Munich and Berlin, 1959, p. 120.

<sup>3</sup> As to the fundamental impossibility of the "symbolization" of anything by anything else within the Daseinsanalytic understanding of man and his world, see M. Boss, *The Analysis of Dreams*, New York, 1958, pp. 91 ff.

# 10

## Obsessional Neurosis

Freud distinguished hysteria from obsessional neurosis in this way: in hysteria, forbidden psychic content, together with the affect which accompanies it, is repressed; the psychic energy belonging to it converts into somatic innervations. In obsessional neurosis, on the other hand, the defense against an unbearable idea is accomplished by the separation of the idea from its affect:

. . . Thus weakened, the idea remains present in consciousness, detached from all associations; but its affect, now freed from it, attaches itself to other ideas which are not in themselves unbearable, but which through this 'false connection' grow to be obsessions. This is shortly the psychological theory of obsessions and phobias . . .<sup>1</sup>

In another context, Freud describes another mechanism of repression present in obsessional neurosis. He states that in such illness a regression of libido from the genital to the earlier, anal-sadistic organization always takes place. In these cases, he says, "we can observe the result of a regressive deterioration of the genital organization: all the phantasies originally conceived on the genital level are set back on to the anal level; the penis is replaced by the faecal mass, the vagina by the rectum."<sup>2</sup> For this reason, Freud claims, we must regard obsessive symptoms also as reaction formations against anal-erotic and sadistic impulses.

Daseinsanalysis raises the following objections to this psychoanalytic theory of obsessional neurosis. First we must repeat that the idea of isolated, separately existing, and displaceable affects does not correspond to any observable phenomena; it is merely an intellectual abstraction. In reality, man exists always and only as the myriads of possibilities for relating to and disclosing the living

<sup>1</sup> S. Freud, "The Defence Neuro-Psychoses," in *CP*, Vol. I, p. 66.

<sup>2</sup> S. Freud, "On the Transformation of Instincts, with Special Reference to Anal Erotism," in *CP*, Vol. II, p. 169. Trans. by E. Glover.

beings and things he encounters. *Dasein*, thus being essentially and primordially of a disclosing, i.e., luminating, nature, shines forth at any given time. But—as with every kind of "light"—its lumination varies as to color and brightness. Color and degree of brightness determine beforehand what kinds of particular beings and which aspects of them will be disclosed. This means that, in the case of obsessional neurotics (as with every neurotic and psychotic), the carrying-out of human existing is constricted in a specific manner. Obsessional patients are ready to acknowledge as belonging to their own existence only those possibilities of relating which appertain to the realm of "pure," objective, and conceptual thinking. In doing so these patients maintain distance from all they encounter. They are not warding off affects, supposedly capable of isolation from thinking. *They are avoiding at all costs any full engagement of their existence in world-relationships.* For if they really did open themselves wholeheartedly, the result would be intimate, "emotional" closeness to all realms of being, including those against which the obsessional neurotic has been sensitized in early childhood and which he experiences as low, dirty, animalistic, decomposed, or nauseating. An important area within this sphere of the forbidden, the dangerous, the unworthy, the sinful, is that of human excrement. Obsessional neurotics can be found to have undergone a misguided type of toilet training, where they learned their unfree and defensive attitude toward the creature-realm of their existence, an attitude that eventually crippled their whole life.

To maintain distance from the earthy—and supposedly dirty (because of decomposition)—realms of human existence is anything but freedom from these realms. On the contrary, the obsessional neurotic's intensive defense against the things he regards as disgusting amounts to his captivity by them. The lives of such people are forever attuned to anxiety. Because of their subjection to dirt and decay, they can understand their own existence only in terms of this realm of things, a realm they detest and fear. Hence their constant fear of becoming soiled and of deteriorating. This same subjection results in the fact that obsessional neurotics are open for little else except the perception of the dirty and decaying meaning of whatever they encounter. When they see a pile of manure, for instance, their existence is closed to the experience—except possibly in a coldly intellectual, distant manner—of the life-giving aspect of manure when it is used for fertilizer. All it can mean to them is

putrefaction and decay. The power which decay has over these patients forces them to gird themselves against the threat of falling prey increasingly to decay's chaotic intrusion. The more the whole existence of these patients is involved in the relationships with decomposed matter—the more it becomes subjected to this realm of being—the more they struggle against their subjection by means of the pedantic, rigid ways of their obsessional symptoms. The execution of their compulsive actions strongly resembles the rigidity in which the fixed, lawful processes occur in dead matter.

It is possible that Daseinsanalysis can also contribute something toward the solution of the riddle that Freud posed by his introduction of the concept of "anal sadism." No experienced analyst will argue with Freud's first brilliant observation that every time (and with astonishing regularity) that a patient's "associations" have to do with dirt and excrement, aggressive and destructive impulses also show themselves. But none of the psychodynamic mechanisms of psychoanalytic theory are capable of making us understand why anal and aggressive-sadistic behavior belong together. From the Daseinsanalytic point of view, it is understood that if *Dasein* has fallen prey to the realms of rigid, heavy, earthy, and resisting masses of filth (a condition which *Dasein* betrays by its continuous attempts at defense against such masses), then its attempts to free itself are bound to be massive and violent attacks on the earthy "crusts" which hem it in. In addition, obsessional neurotics regard their subjection to the realm of dirty chaos (which they do not admit openly) as an inhuman insult, against which they feel they must rebel vehemently. To be subjected in this manner amounts to living in existential guilt. For an existence which has fallen prey to something remains in debt and unable to take over all his potential for human relations, and thus to live in a human manner (*cf.* pp. 47-48). Since the analyst is always the first who expects the obsessional patient to admit his imprisonment in the earthy, "dead" dirt, it is not surprising that the patient's fury manifests itself against the analyst first, as the one who provokes the admission.

The study of obsessional neurotics also makes plain that those theorists who attempt to generalize the anal-erotic relationship to the world into the *formal* instinct modalities of holding-on and expelling thereby forfeit a very important discovery of Freud's. For the understanding of all patients, it is of vital importance that the specific nature of the particular beings to whom they relate in a

given modality of behavior is not lost sight of. We have just seen how essential it is for the understanding of obsessional neurotics that their relationships—insofar as they occur in the "retentive" modalities—refer to the realm of earth, dirt, and excrement and to what they regard as being filthy, and not to any other sphere of their world. Freud took care of this fact, in his own way, when he emphasized the "regression to the anal stage of libido organization." We differ from Freud insofar as Daseinsanalysis cannot think of a child's relation to his excrement as being the cause and origin of his "retentive" behavior toward all other things as well. Daseinsanalysis may fully agree that a child's handling of his feces is often the first instance of this kind of relationship, but objects if psychoanalytic theory turns a sequence in time into a causal connection. Furthermore, Daseinsanalysis no longer believes in the possibility of libidinal energy and instincts bringing about and producing out of themselves the phenomenon of man's being in a meaningful world with the capacity to disclose and manage what he encounters. Nor can instincts explain the unfolding of such a world. Actually, we never experience or observe an instinct or a force which pushes a subject toward a thing or a fellow man outside of itself. Rather, man is attracted to something he meets and discloses. Man, not the encountered thing, is, so to speak, the one who is drawn. At any rate, the concept of instinct is but an unreal abstraction of the immediate and whole reality. This is always a particular kind of relation to something, encompassing the human being and the disclosed thing as well. The full reality in this case is that way of relating which amounts, more or less, to having fallen prey to the thing to which one relates. Freud's concept of "anal libido organization," in particular, represents a technical abstraction of a specific relationship of man to his world: a predominant attachment to the soil and its odors.

# 11

## The Case History of a Sadistic Pervert

Freud contrasted sexual perversions with the transference neuroses, but he distinguished these in a different way than he had done in the case of the psychoses. He saw sexual perversions as the negative versions of transference neuroses. It seemed to him that the different sexual instincts and partial instincts which are repressed in the transference neuroses break through in the sexual perversions. Later, however, he discovered that this breaking through of some partial instincts in perversions is also based on repression, though of other instincts.

Daseinsanalysis cannot regard man's instincts as the basis of human love. For this reason, it cannot regard sexual perversions as originating from instincts either. Daseinsanalysis regards sexual perversions as results of specific concealments and restrictions of possibilities for loving. Since we have dealt with this subject in detail in another context,<sup>1</sup> we shall restrict our present discussion to the case history that follows.

On July 15, 1950, F. F., a commercial clerk twenty-six years of age, requested admission to the psychiatric clinic of the medical school of Zurich. Previous to this he had consulted a doctor in private practice and told him that he had been on the brink of committing a crime. A few days earlier he had asked a girl he hardly knew to go for a walk with him to discuss some business matters. When, late that evening, they were walking along the dark and lonely road by the River Limmat, he was seized by an overpowering impulse to strangle the girl with his two hands. Having once begun he was powerless to stop, and he would have murdered the girl if she had not somehow managed to extricate herself. He

<sup>1</sup>Translated by Mary Hottinger-Mackie, M.A., and Elsa Lehman, M.D.

<sup>1</sup>M. Boss, *Meaning and Content of Sexual Perversions*, New York, 1949.

had thereupon regained his self-control and apologized to her, saying that he had not known what he was doing. He then fled, leaving her standing there. Since he could not conceal from the doctor that he still felt within him "an irresistible urge to kill someone," the doctor advised him to enter our clinic voluntarily for observation. F. F. did so because he actually no longer felt sure of himself.

According to the statements of our patient and of a large number of other people, there had been in his family numerous cases of insanity and of endocrine disturbances such as obesity and slight acromegaly. A maternal aunt had suffered for years from severe chronic schizophrenia. Another maternal aunt had died of extreme obesity. A maternal uncle had suffered from depressions and had committed suicide at the age of forty-five. The maternal grandmother had died in an asylum. On the other hand there were neither physical nor mental abnormalities to note in the patient's parents or his four brothers and a sister. The father, a bookbinder, gave the impression of coolness, severity, and self-control. In a personal interrogation the mother seemed to be the more yielding, affectionate, and communicative of the two.

F. F. was the second child of six. One brother is two years older; another brother, a sister, and the two youngest brothers are respectively two, three, six, and seven years younger than he. The patient attended primary school for six years and secondary for three, showing throughout a better than average intelligence and making quick and uninterrupted progress in all subjects. At the age of twelve he had expressed a great desire to take holy orders, and the parents consented to his entering a Catholic seminary. Not more than two years later, however, he suddenly ran away, having heard of the practice of mutual masturbation among some of his fellow seminarians. He was so revolted and terrified by the discovery that he returned to his parents there and then. He began his apprenticeship as a clerk, and obtained his diploma, with very good marks, in two and a half instead of the usual three years.

However smoothly his intellect functioned, his emotional peculiarities had stood in his way since childhood. Even when he was a little boy, the rest of the family had noticed his lack of feeling for them and for everybody about him. Further, he showed a marked tendency to solitude and irritability. For his part, the patient thought that his family did not understand him. He felt that his mother had betrayed him and cast him out by telling his father of his first love

relationship at the age of eleven with a little girl of the same age. His father, whom he regarded as unfeeling and distant, had promptly and brutally "stamped out" the affair. To the patient, his parents' marriage seemed neither harmonious nor happy, and so he withdrew inwardly from his family, sharing less and less in their daily life. Even for meals he preferred to be alone, and would often come in at quite odd times, since he scorned punctuality as narrow-minded. He would not take Christmas presents from his family and gave them none. Christmas, he declared, was a purely inward, religious festival. On the other hand, he was deeply hurt by having to pay something toward his keep even during his apprenticeship. He was still more indignant over his parents' charges that he earned too little because he did not work hard enough, and yet long after obtaining his diploma he got himself into debt through his own fault and for reasons to be explained. In the end he was involved in an automobile accident which was his fault and which made him liable for considerable damages. As he could see no lawful means of getting the money, he took it from the safe at his office. Legal proceedings were avoided only because in the end his father had guaranteed the money.

The same affective abnormality also made its appearance in the development of our patient's sexuality. From the time his first, childish love relationship was destroyed by his parents, he was incapable of any deep feeling for girls of his own age. He had certainly had relations with a number of girls soon after puberty and, on the purely physical side, had shown perfectly normal potency, but these connections were all short-lived, and in his sexual intercourse with these girls he remained emotionally cold and aloof. According to his own statement, these affairs had always seemed to him a mere game, and had never given him any deep satisfaction. This was the case even in the early stages of his relations with his present mistress, an unhappily married and childless woman sixteen years older than he, whom he had met when he was about twenty. Even with her, sexual intercourse at first had meant nothing to him, but gradually it took on increasingly marked sado-masochistic characteristics. He began to bite, beat, and strangle her. Then he would make her do the same to him. At the same time, however, for the first time in his adult life, he felt stirrings of feeling for a woman, and the more markedly perverse his sexual habits became, the deeper his emotional attachment to her grew. Soon his sadistic bent de-

veloped into an obscure urge to strangle her to death. At first these murderous impulses had arisen in him only in the form of sinister premonitions, but in time they moved into the light of clear and conscious knowledge, the more so because the woman, burdened with her own conflicting situation, was making repeated attempts to break with him. Meanwhile, he felt more and more lonely, since he had finally quarreled with his parents, who had refused to condone his relations with a married woman so much older than he, and he had gone off to live by himself.

The more severe and frequent his murderous impulses became, the harder and more exhausting was the struggle to master them. He was reduced to complete despair when the woman, under the pressure of a situation which was growing intolerable to her, actually broke with him and forbade him to see her. This break had taken place a few weeks before his criminal attack on the girl, which had led him to seek the protection of a mental asylum. In the weeks preceding the attack he had suffered from continual and severe headaches, and had repeatedly expressed the wish to be put in an asylum. On the other hand, he had planned to go abroad in order to forget his mistress; since she had broken with him, the impulse to murder her had grown stronger, to the point that his work deteriorated and he was reduced to earning commission as a commercial traveler without a fixed salary. Especially in the evening, between 9 and 11 **P.M.**, the urge came over him with increasing force, and it drew him with such overwhelming power to murder some woman or other that he would lock himself in his room, hide the key from himself, and try to regain his self-control by perpetual smoking. In spite of this desperate struggle, the impulse to murder overcame the patient in the criminal attack on the girl of twenty. When he had asked her to go for a walk, he certainly had had no evil intentions toward her; according to his statement the impulse to strangle her had arisen quite unexpectedly and swept him irresistibly into action. He described very vividly how, in the act of strangling, he was split into two. He had felt himself a double being; the one, perfectly normal, cool and collected, had no power to stop the other from strangling the girl. As he committed the act he had stood beside himself like a "scientist at a dissection," looking on helplessly while the other strangled. According to the victim's account, the second personality, the stranger, had distorted the patient's face into a "devilish" expression. The patient could not

recall having felt any specific sexual satisfaction as he strangled her; he felt only considerable general relief and relaxation afterward. Here, however, it must be pointed out that his memory of the attempted murder was very sketchy compared with the excellence of his memory in general. With the best will in the world he could not remember details. He could not recall what he and the girl talked about at the beginning of their walk, nor did he remember having tried to kiss the girl before strangling her, which we subsequently learned from the girl herself. He could not remember how long and how violent the attack was or how she managed to escape at the very last moment when she was on the point of losing consciousness.

#### CLINICAL FINDINGS

The physical examination of the patient yielded no markedly pathological findings. All the internal organs functioned normally. The Wassermann test for syphilis was negative. The only noteworthy finding was that his physical constitution as a whole showed signs of slight endocrine disturbances, in the form of acromegaloid and tetanoid tendencies, and there was some oversensitiveness of the neuro-vegetative system.

Mentally, the patient's sense of time and place was unimpaired. He could reflect, think connectedly, and answer questions clearly and comprehensively. During his whole time in the clinic he gave no signs whatever of schizophrenic delusions or hallucinations or any symptoms of an organic psycho-syndrome. Intelligence tests gave, at the very least, average results. On the other hand, even in the clinic the abnormality of his affective behavior was striking. During the first few days he still suffered from his evening attacks. He felt an extreme inward discomfort and agitation and was tormented by impulses to murder various women who came into his mind. These attacks soon subsided when he came to feel properly protected from himself in the mental hospital and realized that he had something to rely on. Yet even after his evening attacks had disappeared, his behavior in the clinic gave an impression of extreme abnormality. When telling his life story he displayed almost total indifference toward his family. He dismissed his parents contemptuously as *petit bourgeois*. Even when telling the story of his attack

on the girl, which had nearly made a murderer of him, he remained cool and unmoved. Nothing that had ever happened in his life seemed to concern him personally at all, nor did he feel the least repentance or pity for his victim. On the contrary, he declared that the death of a human being did not matter much; it took only a moment to die, and it was of no consequence whether a human being departed this life sooner rather than later. His frequent flippant remarks of this kind, together with his utter indifference to everybody and his unyielding affective rigidity, made him look like a case of severe schizoid psychopathy. There were moments when the doctors in charge actually suspected hebephrenia. The diagnosis now in the records of the clinic, based on the case history and clinical findings, runs "Sexual perversion (sadism) with compulsive states and succeeding impairment of memory arising from schizoid psychopathy."

#### THE ANALYSIS

Circumstances at the beginning of the patient's analysis could not have been more unfavorable. He had asked for admission to the mental hospital of his own free will, but since he constituted a serious public danger, the director of the clinic had no choice but to have him certified by the proper authorities and confined to the asylum for a considerable time. Although we had saved him from possible arrest by testifying to his lack of responsibility for his actions during his compulsive states, he could not but regard his certification by the authorities as a breach of faith, for as soon as those states had subsided after a few days in the clinic, he felt quite normal and actually regarded further detainment as quite unnecessary. We ventured on an analysis in spite of these difficulties because we realized that this was probably the only way the young man could be saved from being committed to the asylum for an indefinite time. The analysis took about eight months.<sup>3</sup> For practical reasons no more than two sessions weekly could be devoted to it, yet even at the end of six months, such a radical transformation of the whole structure of the patient's personality had been achieved

<sup>3</sup> The treatment was conducted by G. Benedetti, M.D., while the author supervised and directed it weekly as the training analyst.

that we were able to discharge him from the clinic without risk and from then on treat him as an outpatient.

In the introductory stage of the analysis the patient pleased us as much by his exemplary endeavors to keep to the fundamental analytical rules of free association as by his willingness to keep to the general regulations of the establishment for the remainder of the day. He had already consented to our suggestion of analysis with surprising insight and without misgivings, and repeatedly thanked us for all the time we were spending on him. No trace could be seen of open resentment, defiance, or even rebellion against his continued detention although he had long since regarded it as superfluous. But however carefully he might observe the rule of free associations, it left him inwardly quite indifferent, and his polite gratitude to us was obviously sham; thus even at this early stage we were able to interpret his behavior as a pose carefully calculated to obtain his discharge from the institution as soon as possible. His dreams at this time also led us to suspect that his confinement had become the essential or even the sole problem of his life. He once dreamed that he was being kept prisoner in a hotel; everybody else had been released; only he was unjustly detained. In another dream he tried to escape from the asylum in secret, but met his analyst outside. Moreover, the road by which he was trying to escape was blocked. He was separated from his mistress by a barrier. Thus no other course was open to him but to return to the asylum. We did well not to regard his outward, artificial docility as mere calculated deception or as a reaction called forth only by his current situation. We might easily have succumbed to the temptation of breaking off the analysis as useless. We were saved from that false step by the results of our clinical observations and the preliminary interrogation. We had seen that the patient's present attitude toward his analyst was by no means invented for the occasion, derived from his present and to him completely open desire to be discharged. It was, rather, a slightly cruder version of the schizoid relationship to his environment which had always been characteristic of him. It was not only now, and not only toward the analyst, but for years, and toward everybody, he had displayed the same smooth mask, concealing all his genuine attitudes behind it.

Wherever he happened to be he would indulge freely in the wildest and most abstruse speculations. For instance, he would proclaim to those about him that all schemes of value were "mere

paltry checks on divine being and living, creative power." Of his real existence behind these high-faluting phrases nothing could be divined. If the patient for a long time ran true to form in the analysis by interpreting away at his dreams and ideas in a completely aloof and purely rational way, his sole aim was to appear as clever and obedient as possible; the questions and problems he touched on in so doing had not the remotest effect on him. Was it that he *would not* show any feeling or that he was *incapable* of affective participation in life and of getting out of himself? Could it be that he had become his own jailer behind this huge intellectual facade?

From the outset we had adapted our therapy to the changing aspects of the patient's character, so we carefully avoided any interpretation of his dreams and ideas, since that would simply have offered him a welcome opportunity for setting out again on his purely rationalistic interpretations and intellectual speculations. Above all, however, we avoided interpreting his inordinate amiability and obsequious attitude toward his analyst as a transference phenomenon, i.e., as a shift to his analyst of a behavior or even an isolated, abstracted "affect" which actually implicated his father or mother. By speaking of such a "transference" to this patient we would not only have provoked from him endless intellectualized speculations about this theoretical conception, but—much worse—we would have degraded his authentic, though still restricted, relation with his analyst to an unreal, falsely derived, ghostly something. The error, then, would have been on our side. There was little doubt in our mind that the *restriction* of this patient's existence to the one attitude of aloofness and intellectual speculation about his fellow men and the things which came his way was brought about by the experiences of his childhood. From this it follows that in regard to his analyst, too, no other kind of relationship was available and open to him. But in this analyst-and-analyst relationship it was the analyst, and not his father or mother, who disclosed himself to the patient, notwithstanding the fact that this disclosure of the analyst could happen only within the early deformed and narrowed-in world-openness of the patient's existence. The theoretical destruction inherent in the concept of transference is the more dangerous, the more aloof the patient is and the more precarious and fragile his relationships to his world in general are. Much evidence is available to indicate that patients, particularly severely sick ones like our sadist, experience the usual transference inter-

pretations as a misunderstanding and a cruel rebuff on the part of the analyst. The reaction of those patients tends to be further withdrawal from everybody and everything.

Instead, for the time being, we only tried to bring home to this patient the contrast between his conventional pose of considerateness, his perfect playing of a part, in his waking life, and the hatred and aggressiveness which were beginning to appear in his dreams, which were all directed to his imprisoning environment. The patient's reaction was paradoxical. His amiability increased till it became grotesque. For instance, with an anxious expression, he began to ask the analyst if he had done anything to offend him. Only after persistent and repeated questioning on our part as to whether this exaggerated, aloof politeness was really the only approach he dared to use in dealing with his fellow beings in his waking life in general, and with his analyst in particular, did serious fits of rage and truculence begin to break through. Then his passionate protest against his continued detainment and his fierce charges against all the doctors in the asylum at last found vent. Once, for instance, he wrote:

Moral ideals—conventions with rats and mice, revolting, stinking vermin, gnawing and nesting in their dusty interior through ages and worlds. Marriage is nothing but a prison, the imprisonment of life. Men—a litter of otters. Can these be men and women? Or are they mass creatures, herd animals, living only for the law and by each separate letter of the law? Man does not live for others; he lives first and foremost for himself; therefore let every man live as he likes.

It would have been an easy matter for the analyst to convince a young man of his intelligence of the factual groundlessness of most of his charges. In all probability he would then have promptly retired behind his facade again and once more cut himself off from fuller experience of his life possibilities. For this reason we assured him that his candor would in no way prejudice his future release, as perhaps he feared. The decisive factors for his discharge would be solely the maturity it was to be hoped he would achieve in the course of the analysis and the knowledge of himself which he could attain only by ruthless frankness. Thanks to our benevolent tolerance of his truculence, the patient soon began to believe us. With that, an atmosphere of sincerity and mutual confidence was established which made possible the rapid progress of the analysis

in spite of his internment. For weeks on end, our work in the analytic sessions consisted in simply allowing the patient to revile the analyst, the entire staff of the asylum, and the world in general. Every time we suspected that he was hesitating before some especially crass insult to ourselves, we encouraged him to still greater bluntness by asking him why he would not speak out. Thus for a long period he was allowed for the first time in his life, and within the safe realm of the analyst-analysand relationship, to learn to know his possibilities of hating the world openly and to appropriate this way of relating to people as belonging to his existence, too.

On one occasion when the patient, again without hindrance from us, had blasphemed against God and the world, cursed his compulsory confinement, and abused all the staff of the asylum including the analyst, he told us a dream in which, quite in accordance with the reality of his waking life, he was interned in the relatively free wing of the asylum where the quietest patients were kept. However, in the dream the patient wished to be transferred to the back wing where internment was in cells and much stricter. This dream made us realize that the time had come to bring home to the patient, first and foremost, the crass contradiction between his waking rebellion against his internment and his dreaming desire to be still more strictly interned. Since he could find nothing to object to in this, we ventured a step further. We asked him if, in asking for still stricter confinement in his last night's dream, he was really rebelling only against being kept in the asylum? After all, we added, even in his waking life his own voluntary application for admission had preceded his internment, and weeks before that he had repeatedly felt the wish to put himself behind the protecting walls of an asylum. Furthermore, the withdrawal of his whole affective being behind the thick walls of his impenetrably cool and rationalistic facade dated from much earlier times. After the eruption of his violent hatred of the whole world, he had himself realized that the hermetically sealed armor of his character was internment in its most inward form.

Then the patient's eyes were opened. He began to realize that the schizoid blockage of all emotional relationships, his waking wish and sleeping dream of strict voluntary confinement, his application for admission to our clinic recommended by his doctor, and finally the unavoidable certification by the authorities, could scarcely be an unrelated series of events. As time went on he came to see this



whole range of variations on the imprisonment theme as phenomena corresponding to the extreme restriction of his world-openness and therefore as the only phenomena which in fact could appear and come forth in his life. From then on it did not take long for him to realize that in the furious rebellion against his enforced detainment, which had come out in the analysis, he was actually avoiding the real work of salvation and self-liberation by concentrating his whole strength upon fighting only the most peripheral and external restriction of his existence, and thus evading his true and full duty to his destiny as a human being. Once that bitter pill was swallowed, he gladly accepted our consolation that there could be no question about his eventual discharge from the asylum, and that it would come about of itself as a result of the liberation of his own, genuine self, just as his former emotional petrification had inevitably led to his confinement behind actual stone walls.

The realization of the total closure of his nature and his world gave rise to a further question. What was he hiding behind his former facade of utter indifference, of rationalistic speculations and empty phrases, and why did he have to hide it? We admitted that a considerable quantity of hatred and aggression had found vent in the analysis, but after all, who would not be seething with rage and resentment if he had lived the wretched life of a lonely prisoner since early youth? For that matter, we added, his recent dream about his dead confessor seemed to offer some help here; it hinted that behind the hard, cold, psychopathic crust of his character and the hatred it engendered, utterly different ways of living stood waiting to be revealed which might even be the original, soft, warm, love-seeking, and child-like core of his being. In that dream he had gone to see his former confessor but had found him dead. In the dream he felt deep sorrow. Long after the patient's confidence in his parents had been totally destroyed by their ruthless intervention in his first love relationship, this confessor had been the only human being to whom he had dared bring his deepest feelings, the only one he had come to when most in distress. The fact that in the dream the confessor was removed from him by death reveals to what depth the breach in his communication with his fellow men had struck and the extreme isolation to which he had been brought. At the same time the confessor was a signpost to the patient's genuine love of a boy toward a fatherly man, which at one time he had been able to bring to the priest without reserve.

Thus if those warm, child-like, love-seeking relationships had not been part of the patient's existence *in posse*, even in the form of a kind of *rigor mortis*, he could not possibly have dreamed of the beloved dead confessor. For the very appearance of such a person who belongs to a world of fatherly love presupposes the corresponding openness of the dreamer's existence, i.e., presupposes his possibility to love as a son, however deeply this potentiality of loving may still be buried in his waking and dreaming life.

In fact, after weeks of relentless questioning as to what he was hiding behind the coldness of his facade and the noise of his truculence, the patient slowly ventured to confess that he did not trust his own warm feelings. Indeed he had at all times warded off with all his might emotional relationships of any kind because he regarded them as silly and senseless sentimentalities and irrational fuss. From childhood on he had striven "to replace all unpredictable feelings by clear, rational ideas, which were always at hand and which guaranteed continuity of thought." Soon the shame he felt for his feelings turned out to be a very essential motive for warding them off, yet in its turn that very shame was based on the (to him) shameful infantilism of the impulses he had till then warded off. With their gradual appearance in the analysis, a completely new stage began in our therapeutic work, which was eventually to reveal the root of his sadism. The beginning of a new phase in an analysis never, of course, appears as a sharp line of demarcation. Old patterns of behavior persist, now stronger, now weaker, but they no longer govern the entire bearing of a patient as they did at the beginning of the analysis.

The next thing in the analysis of F. F. was his confession of his terrors as a child. He recalled how panic-stricken he had been every time he had to go through the woods at night. Then he was bitterly ashamed when he remembered how softhearted he had really been as a child. This sadist and near murderer was incapable of looking on while other boys killed small animals. Tears would always come into his eyes, just as they did when he so much as heard or read touching stories. His family often teased him about it. He was also ashamed because he was sorry for a man who had lost his life in the mountains and because he once took a little lost girl affectionately under his wing. It still happens today that intense feeling of pity of this kind are interpreted as repressions of still deeper aggressions. If we interpreted them this way, we should

have been guilty of a quite unjustifiable underestimation of them. We should have willfully blinded ourselves to their overt content, replacing the actual phenomena by mere hypotheses not susceptible of proof. Therefore, each time he confessed to his shame of these gentler feelings, we confined ourselves to asking him whether there was any need actually to feel so ashamed of them. Through this relentless probing of his stereotyped shame reactions to everything that had to do with feeling, the patient came gradually to see that this was not, as he had assumed without question, the obvious, the only possible and right attitude to his own self. He then realized that he had unwittingly adopted this attitude from his stern, unfatherly, and cold father, who set no store by feelings but was prone to outbursts of brutal anger. On the other hand he had never been able to find an outlet for his affections for his mother, who was more warmhearted by nature but who had succumbed completely to the father's mentality. At this point the patient complained once more of his mother's betrayal of his first love secret to his father. It took weeks for him to realize, under the consistently kindly and reassuring guidance of the analyst, that the dislike of and contempt for feeling which dominated his parents' world was not universally valid.

To allow him to turn this realization into experience, the analyst had to be very careful not to raise the slightest objection to his existing love relationship to the woman who was sixteen years older than he. On the contrary, he had to impress on the patient that he took the matter very seriously; otherwise he would have been promptly relegated to the forbidding and heartless parent-world, while the patient's own world would have completely closed again. For the patient was only too prone to regard all persons in authority, even the analyst, in the humanly atrophied form in which he had experienced his father. In order to undermine this narrowed-in perception we had to ask him again and again why we should wish to separate him from his mistress as his parents did. Meanwhile, having heard of his being committed to the asylum, the mistress had approached him again and would not admit that there had been any breach between them. We assured him that we respected his judgment and could therefore leave the decision to him. Only then did he reveal the really paranoid ideas he had held back until then. In all seriousness the patient dreaded that the analyst was conniving with his father behind his back to have him

put away for years in order to stop his love affair for good and all. He imagined that the analyst would also have him expelled from the country by the authorities.

The totally different attitude of the analyst—steady, calm, reassuring, and adapted to the patient's essential nature—finally succeeded in breaking the spell of the narrow and frozen father-world so that the patient's deep and positive emotional capacities ventured to show themselves. At this time all the long-forgotten memories of his childhood came back to him spontaneously—rather, they overwhelmed him. This phenomenon of "recalling" can throw a peculiar light on the so-called human memory. Psychologists and psychiatrists usually think of the memory as being a special function of the psyche, capable of picking up memory traces which had been left somewhere in the brain by earlier impressions and of bringing them back into consciousness again. However, nothing of the kind has ever been observable. When our patient suddenly recalled so many events which had happened in his childhood, they simply became present again in his *Daseins* light in the form of memories because the patient had allowed himself to get attuned once more to the same soft mood which had opened him up to their occurrence at that earlier stage of his life. At any rate, our patient remembered now, for instance, trying to protect his helplessly weeping mother from his father's harshness, but along with it came the memory of the punishment to be expected from the bullying rage of his father. Again we were careful not to take the father's part in all these accusations, although we realized that his picture of his father might be completely distorted. What was real for the patient in our work was the experience derived from the whole relationship between the actual father and this particularly sensitive and affectionate child. As regards the mother, the patient remembered having said often, when he was six or seven, that he instead of his father should be married to her, always with the idea that he could make her much happier than his father could. He had often suffered agonies of fear that she would not come back when she had gone out.

As these events of his childhood presented themselves to him again he came straight and without transition to the realization of the continued child-mother quality of his relationship to his present mistress, a woman so much older and of a truly motherly nature. With this woman, he was often overwhelmed by the dread of her

returning to her husband and leaving him for good. He told us that she often complained of his lack of respect toward her; he would importune her and run after her. On the other hand, girls of his own age seemed to him immature and childish. He could not get on with them at all as his existence was not yet open to an adult partnership between man and woman, but only for a son-mother relation.

The dreams which now began brought out very clearly the child-like pattern of his actual relationship to his motherly friend. He dreamed once that he was falling into an abyss and that she saved him at the last moment by catching hold of his collar. In another dream he was having a dispute with an innkeeper because he could not pay his bill and she helped him out of her own purse. Again, he was nearly run over by a truck; she came and scolded him and taught him how to behave on the road. In yet another dream, after a boat trip on the lake, he could not find the boat's moorings. He stood helpless, fearing that the waves would carry the boat away, but his friend came and showed him how to bring the boat to land. In a last dream, he was lying in bed in one of the busiest squares in the town. She came, shielded him from the jeers of the people, and took him home. In the end the patient saw that in his waking life he was treating his friend's husband with disgraceful rudeness, like some hated father he wished in hell.

The last point for the patient to realize, and the one he was most unwilling to admit, was that his rivalry with the husband was an essential factor in this whole love relationship. Even here his dreams spoke with the utmost candor. Thus in one dream he met the husband, who threatened him, but the patient took not the slightest notice of him, to his own extreme satisfaction. Finally he confessed, both to himself and to us, that the very fact that his friend had never been able to make a final breach with her husband, but had always left open the possibility of a reconciliation, had been the permanent fascination of the whole affair. If his friend had run after him, he went on, to use his own words, "it would all have become uninteresting, banal, and commonplace."

In this way we were able to bring the patient to grasp his so-called Oedipus complex by actual experience, simply by never so much as mentioning the word. Indeed, we carefully avoided belittling his relations with his mother-mistress by labeling them as infantile. Only too often this word "infantile"—so commonly used

by psychoanalysts—gives the patient the impression that the behavior so designated is something rather shameful which one should long ago have outgrown. Actually though, in the case of such patients it is a hitherto unexperienced way of relating to the world, which they should be allowed to accept and to venture into for the first time in their lives in their relation with the analyst. They must go through this experience, because this child-like behavior constitutes a normal phase of every man's development, which cannot possibly be omitted without all subsequent growth being jeopardized. Therefore, if such a patient eventually dares in analysis to allow himself, for once, to be cared for like a child, we have good reason to encourage him and praise his courage, rather than to urge him to overcome this "infantile" attitude as soon as possible. Consequently, in the case of our patient, we led him to see that in the relevant dreams and ideas his obvious need of love and protection by an older, mature woman was entirely justified and legitimate. It was only by proceeding in this way that we were able to avoid blocking the way to his own experience of his still child-like emotional condition, which he had to take upon himself if it was ever to become the source of a new and real maturity. We had, indeed, been put on the alert by learning from the patient that a doctor had once told him point blank that he was suffering from an Oedipus complex. He had been deeply hurt by this reduction of his love to a mere technical term, and had clung to his friend all the more defiantly. It was due to our caution in this respect that in the end he admitted, of his own free will, that he would never have been so much in love with the woman if his parents had not objected so strongly and if he had not been stimulated by the rivalry with her husband.

But the tactless doctor's explanation of the patient's love for his much older mistress and of his hatred of her husband as "actually" meaning, respectively, his own concrete mother and father was a mistake not merely of timing but of content. For his former experiences with his parents had so hampered the unfolding of his existence that, emotionally, he had been open only to a distorted child-parent relationship. His mistress fitted admirably into this existential world-openness as the actual motherly woman she was, without any other "meaning" or "symbolizing." In the facts themselves, at any rate, there is not the slightest hint to be found to justify such a derivative interpretation. Even a dream of an "un-

veiled" sexual intercourse with his own mother, which he might well have dreamed at this time of his life, would not in the least alter the truth of this statement. Such a dream would merely have been an event in his dreaming state which could be paralleled in waking life by his love for his mistress, both occurrences being nothing other than that which they showed themselves to be, both equally authentic and corresponding equally well with the patient's reduced world-openness.

The most important question still remains, however—the appearance of sadistically perverted behavior in this life history. The clearest and promptest answer to that question is given by the remarkable change in the character of the patient's dreams in the course of his last twenty years. As far back as he could remember, from the age of six to that of pre-puberty, nearly all his dreams were extremely terrifying. He dreamed mostly of fires which burned down his parents' home, wreaked havoc through the whole village, or attacked great forests, without rain ever falling or the fire brigade ever appearing in time. These fire dreams appeared at a time when, in his waking life, he was still capable of intensely warm relations with his environment, when he suffered agonies of pity at the sight of another boy torturing an animal and still greater agonies when he met the little girl lost in the road. From his twelfth or thirteenth year on, these scenes were replaced by one in which the patient was buried under an avalanche or a landslide. In these dreams he felt little or nothing and coolly allowed everything to happen to him. Finally, in a dream he had only a few days before the criminal attack on the girl which had led him to apply for admission to the mental hospital, he was wandering about on an arid steppe. There was not a human being, not a refuge in sight. Then he caught sight of a burning farmhouse far in the distance; suddenly he was in front of the burning house, where he met his mistress and told her that he was going to kill her.

The fires in the dreams of the early part of the patient's life had been called into his dreaming world by his hot, impetuous, and as yet uncontrolled temperament. The fire of his sensual attachment to most of the people of his world was terrifyingly wild and untamed, burning up all the social institutions and structures of his home and village. In his child-like instability and weakness he stood in need of adequate help from his parents, from the grownups, the "fire brigade," or the soothing rain from heaven to bring order to

his existence. But the father, himself deeply inhibited, failed him. That is why the patient, from his twelfth or thirteenth year on, dreamed only of avalanches and landslides, which buried him. There is no further trace of his emotional participation in what was going on around him. In and around him was merely an arid void, and it was an arid steppe which surrounded him in the dream that immediately preceded the most serious and dangerous of his sadistic acts. His existence and (because man's existence is nothing else but his luminating world-openness) his whole world had closed down and dried up. Now, through the arid, desert crust of this land, the old, unruly flame of his vitality shot up again. They burn down the peaceful farmhouse, and at that precise moment there erupts in the dreamer the sadistic decision to kill his mistress. Thus the impulse to acts of sadism here, too, proved to be an outbreak of fire, the fire of his attachment to a motherly woman, which, although warded off, had been burning behind the rigid crust of his outwardly detached pose. The harder and thicker the crusts appear in the light of such a narrowed-in existence, the more violence is needed to break through them with sadistic practices. It was exactly the same blow-up of a character armor as happened in the case of Erich Klotz, described elsewhere.<sup>3</sup> The spontaneous remarks made by these two sadists about their sexual relations agree almost word for word. Thus F. F., in his sadistic practices with his partner, also felt as if "a wall between us had blown up," and as if it was only by his brutal biting, beating, and strangling in the sexual act that "the two bodies could melt in a single fire of love and a feeling arise of union unknown till then." This patient also felt the impulse to commit a sexual murder "because only then would the woman belong to him and him alone; then he would be one with her." Thus the sadists remind us more than any other patients of the profound sentence which Freud wrote about the "most horrible perversions": "The omnipotence of love is perhaps never more strongly proved than in such of its aberrations as these."<sup>4</sup>

We learned in the course of the analysis that, in addition to his sadistic sexual impulses, the patient had at times been overcome by an irresistible urge to travel far away. He would get up in the middle of the night, take a train leaving for some distant destination,

<sup>3</sup> M. Boss, *op. ext.*, p. 96<sup>^</sup>.

<sup>4</sup> S. Freud, *Three Essays on the Theory of Sexuality*, in *SE*, Vol. VII, p. 161.

and not return home until the following day. During the journey he always felt relief and relaxation. The changing scenery in the moonlight and dawn gave him a feeling of inward freedom. He felt the pressure in his head and the tension in his chest yielding, and his insomnia left him. The stars drew him as a "magically fascinating picture," a "distant realm of joy, of freely flowing life outside the rigid walls of narrow-mindedness and philistinism." Even when not under the influence of such moods, the patient would indulge in daydreams, planning to go to Africa, "to the tropical south, where [he] could start out on a great adventure and build up an entirely new life." Thus these imagined excursions in space and his porio-mania were merely another and less brutal form of bursting through the intolerably cramped state of his existence to discover all the wealth of living there was in him and in his world.

#### RECAPITULATION OF THE PSYCHOTHERAPEUTIC PROCESS

Just as the dreams occurring before the analysis showed clearly and logically the development of the patient's sadistic behavior, a small series of dreams during the analysis showed his way to recovery. In a quite early stage of treatment he had dreamed as follows:

I am in a wood with my father and my elder and younger brothers. I am still a boy. My mother and sisters are not there. The path leads deep into the wood where dense bushes and trees have grown. Suddenly I realize that all the trees look as if they were made of cement or are actually encased in a hard, impenetrable crust of cement from root to top. It is, in fact, rigid, lifeless, and impenetrable—as if life itself were frozen behind a mask. We four walk on to a house which stands at the top of a high stairway. There my father and brothers have to stop; I am to go in alone. In the dream I have been told that a young and loving woman will receive and welcome me there and that a child will call me father. But before I can really enter the house, everything vanishes and I am suddenly quite alone on the edge of the town.

Only a few details of the extremely rich content of this dream need be dealt with here. Even as a boy the patient lacked the female members of the family, who might have let him share in their gentler, softer, more affective way of life. In his father and brothers he has only the male, reserved, and cold aspect of relating

to the world around him. Rich vegetable life, however, is met in the middle of the wood, yet this natural growth at once freezes behind a mask of cement. The possibility of meeting with the warm-hearted, feminine way of being in the later part of the dream can appear only in the form of a promise which is not fulfilled. Finally, this way of being human vanishes entirely and he is driven to the periphery of the human community, "on the edge of the town."

About halfway through the analysis, however, one of his dreams showed a somewhat different state of affairs. The patient is sailing down a river in a boat. At one point the river narrows a little and a bridge connects the two banks. He decides to land here and climbs onto the bridge which connects the two parts of the town on the right and left banks. There he meets a watchman, a kind of policeman, who asks him where he is going. The dreamer replies that he wants to have a look at the town, whereupon the policeman warns him that both sides are extremely dangerous. There is plague on the left bank, cholera on the right. After a little reflection, however, the patient disregards the warning and ventures first into one part of the town, then into the other. He is surprised to find, in both parts, a calm picture of perfect health. The people are going about their business in perfectly normal fashion and they assure him that there is no sickness. Therefore, the dreamer thinks, the watchman must have been mad.

The dreamer already has the wish and the desire to put an end to his lonely voyage. He enters the living community of the town, but he meets a watchman who assures him that it would be a most dangerous venture, leading to sickness and death. This policeman tells us of a world of precaution, of barriers, dangers, and sickness against which one must be warned. Such a world is disclosed only in the light of a *Dasein* which is attuned to an attitude of mistrust against all human community. The early acquired attunement to a fundamental distrust, however, is no longer the only possible way of world-openness. The patient is already capable of an attitude of some venturing and some trusting. He dares to disregard the policeman's warning and to enter the human communities of the cities. He discovers that this friendly and trustful mixing with people is the normal and healthy way of existing, whereas the distrusting and all too precautionary attitude toward people amounts to madness.

Not long before the end of the analysis the patient had a third dream. He is out in the country, in a pretty landscape with a lake

in the middle. The scene makes him think of a novel by Hermann Hesse, in which the lake is the place of contemplation and an Indian fakir meditates on the sunny lake shore by the edge of the wood. The patient, with five friends, is sailing on the lake in a boat. There is also an older man in the boat, a skipper. The skipper proposes a contest to the young men. At a sign from him all six are to dive from the boat and pick water lilies at the bottom of the lake; the one who brings up the most will get first prize. The dreamer is a little nervous, afraid of losing the race. In telling the dream, the patient's childhood came back to him at once. At home there were six children, and the others had always teased him for being the weakest. Later the dream takes an unexpectedly favorable turn. All six friends reach the surface at the same moment. Each has exactly the same number of water lilies, twelve, in his hand. None has outstripped the others. All are glad and feel united in mutual respect.

To stress only the most essential point: the beginning of the dream is still colored by a feeling of nervousness and insecurity and by the suspense of rivalry. The fact—at least in his dreaming state—that the patient had already appropriated quite different ways of existing by the psychoanalytic plunge into his own depths is shown by the concluding incident in the dream. The full dozen of delicate water lilies in the hand of each man bears impressive witness to the blossoming out into the fullness of his life, as well as a reconciling balance of male and female. The man who has achieved this is beyond egocentric greed and fear and has found himself as a member of an ordered human community.

This dream might well have tempted many a psychoanalyst to interpretations of a symbolic manifestation of the patient's "transference." The older man would have been thought of as "meaning" the analyst, especially if his appearance had shown some similarity to the analyst. The next step after this interpretation would have been to undo the "wrong connection" of the "transference" and to interpret the old boatman-analyst as ultimately signifying the patient's father.

We, however, took great care not to make any such an allusion, since the phenomenon itself does not offer the slightest justification for such a speculation. True, the "transference" interpretation might even have proved to be therapeutically helpful to some extent. It would nevertheless have been a completely arbitrary action, in no

way warranted by any demonstrable fact. We have no proof whatever for the supposition that the boatman actually signifies or symbolizes anything else. He is and remains the boatman, as whom he shows himself in this dream world. The most we can say is that the analyst enters the picture only in that the patient, through his experience of the analyst's constant benevolence and care, has been able to open his existence to a more trusting relationship with his fellow men in general. This more friendly world-openness of his existence can now also call into its luminating realm correspondingly more friendly appearances, such as the clever leader, the kind boatman. Thus it can also be said that this boatman's entering into the dream world of our patient gives evidence of the newly acquired possibility of a trustful attunement of his *Dasein*.

What had made this opening up of his existence possible was not any of the unwarranted interpretations of psychoanalytic theory but, above all, the analyst's unshakable caring for the patient. Just because this attitude of the analyst contrasted so completely to the patient's former experiences with his parents, the analyst-analysand relationship had been able to offer him the necessary existential abode which his parents had failed to give him. A parent-child relationship, though, whose openness is sufficiently in accord with all of the child's genuine nature is the only realm into which his possibilities of existing can come forth in a healthy way.

The second reason was that whenever the patient's behavior, in either the waking or the dreaming state, showed the slightest evidence of his former attitude, the analyst tirelessly emphasized the "narrowed-inness" of this existence, which left him only open to distrustful, distant ways of relating to his fellow beings. With this went the repeated question, What was it that still made him afraid to exchange this way for a more open kind of relationship to his world?

Meanwhile, profound and striking changes could be seen in the patient's waking behavior. There could be no further suspicion of schizoid psychopathology, much less a schizophrenic psychosis. He had become much freer, more accessible and communicative. Even his relations with his parents, at one time so strained, had become friendly, and his attachment to his motherly friend lost its morbid fascination. His convulsive clinging to her yielded to much steadier judgment; he abandoned his original plan of persuading her to get a divorce so that he could marry her, since the difference in age

was, after all, too great. His attitude toward her was much more independent and he would not let her mother him. *Above all, his sadism had completely disappeared.* In his sexual relations with her he experienced a satisfying orgasm with complete mental and physical relaxation and no urge to sadistic practices. He could hardly believe that he had once taken pleasure in them; they now seemed subhuman. Nor did any of his compulsive states return. His work also showed considerable improvement.

In the spring of 1951, after eight months of analysis, the patient fell ill with slight exudative pleurisy, which made a stay of several weeks in the mountains advisable. It would be as irrelevant to the main problem to discuss the psychosomatic aspects of this illness here as it would have been to trace the psychosomatic connections in the auto accident preceding the analysis. However, it is noteworthy that the patient recovered quickly and entirely from this illness and was able to resume his work in town. He also felt so far recovered mentally that after his return from the mountains a continuation of the analysis seemed unnecessary, both to him and his doctors.

#### SUBSEQUENT HISTORY

We learned not long ago that the patient had not only been able to part without difficulty from his older woman friend but that ten years ago he had married a girl some years younger than himself and is living happily in a normal love relationship with his young wife and is already the father of a child.

## The "Narcissistic" Neuroses

#### MELANCHOLIA

Freud distinguished between "narcissistic neuroses" (melancholia and the schizophrenias, particularly paranoia) and "transference neuroses" (hysteria, phobias, and obsessional neuroses). He thought of the melancholic as having regressed to the libido organization of narcissism characteristic of infants. At this earliest stage of libido organization, oral instincts are dominant; consequently, the melancholic is fixated on these instincts. He has introjected the parental images, i.e., he has "swallowed" them whole and made them into his own superego. This, in turn, results in the melancholic's conflict being purely internal—a conflict between ego and superego.

From the point of view of Daseinsanalysis, however, the melancholic is a person who has never unfolded into being himself, in the sense of taking responsibly upon himself the possibilities of living which are his and with which he is entrusted. He has not been able to appropriate them to a strong, genuine, authentic, independent, and free self-being. Psychoanalytic theory speaks in this connection of an ego weakness. This is, in our view, a most inadequate conception, for it is impossible to find an isolated particle, function, or authority such as "ego." It is always the whole existence of the melancholic patient which has failed to take over openly and responsibly all those possibilities of relating to the world which actually would constitute his own genuine self. Consequently, such an existence has no independent standing of its own but continuously falls prey to the demands, wishes, and expectations of others. Such patients try to live up to these foreign expectations as best they can, in order not to lose the protection and love of their surroundings. But the longer these patients allow others to govern their ways of feeling, acting, and perceiving, the more deeply

indebted they become in regard to their fundamental task in life, which is to appropriate and carry out, independently and responsibly, all their authentic possibilities of relating to that which they encounter. Hence the terrible guilt feelings of the melancholic. His incessant self-accusations derive from his existential guilt. The severity of his symptoms varies according to the degree in which he fails to exist as the world-openness in whose light everything encountered can unfold and shine forth in its full meaning and content.

Within the framework of such a patient's unauthentic ways of relating to the world, so completely adjusted to the demands of others, there is no room for him openly to await his own future, to let it come to him, to meet its demands; there is no room, in other words, to carry out his own *Dasein* and let it emerge in its wholeness. Existentially, the melancholic has come to a standstill; he is related neither to the future nor to the present. The stagnation of his *Daseins* unfolding shows itself in his exclusive attachment to his past. As water in a stagnant pool starts to rot, so the stagnant *Dasein* of a melancholic shows signs of decay. His relations to those around him are fraught with fears of impending doom for which he is responsible.

Many contemporary psychopathologists stress the importance of the existential guilt we have just described. However, such existential guilt is not the only thing to be taken into consideration, particularly not if psychotherapy is considered. Again, we are well advised to remember one of Freud's observations, which he described with the (theoretically inadequate) concept of "oral fixation." This psychoanalytic concept justifiably refers to the time when the infant's relationships toward his world consisted almost exclusively of sucking, in both the physical and psychic sense. At this time, when the child's existence was still inseparably bound to his mother, a fundamental rupture of the basic trust in this relationship must have taken place. Here, as always, it is by no means clear in a given case whether the disturbance is due to an exaggerated sensitivity and excessive love requirement on the part of the child, or whether it stems from a lack of love on the part of the people who took care of him, or whether both factors are to blame. At any rate, it is the disturbance—by too severe a frustration—of this basic way of existing in an intimate infant-mother relationship which inhibits further development and is responsible for the

existential guilt that eventually develops. For this reason, all depressive patients in therapy (whether their illnesses are the so-called reactive or the so-called endogenous type) show a tremendous desire to make up for what they missed during infancy in regard to the sucking infant-mother relationship. If they are to be cured at all (three patients under our observation who had been repeatedly diagnosed by experienced clinicians as endogenous melancholies have been cured in the course of long-term analysis), they need to remain in the "oral-erotic" infant-mother relationship for long phases of therapy. A highly permissive attitude on the part of the therapist is indicated with these patients, because—as we have mentioned—their illness originates essentially from their having given in ever since infancy to the demands of the people around them and from their consequent inability to discover their own genuine demands and expectations.

Manic patients, who seem to behave in exactly the opposite way as depressive people, have not yet been studied and treated Daseins-analytically in sufficient number. The author, therefore, does not feel entitled to describe the essential character of their illness. However, even today it must be kept in mind that the existence of these patients can never be adequately characterized Daseinsanalytically if their *Dasein* is called a "jumping" or a "skipping" one, or if their basic mood is misinterpreted as happiness. The first description has nothing whatever to do with Daseinsanalytic understanding of man, because only a thing, or matter, extant within a pre-existing space is able to jump or skip in three-dimensional space. Human existence, however—Daseinsanalytically understood—is "only" of the nature of lamination, belongs essentially to the world-openness, and can, thus, never be said to jump or skip. The second definition, which ascribes to these manic patients a mood of happiness, gaiety, or joyfulness, is simply wrong. The manic patient's existence seems to be entirely reduced to an understanding and disclosure of the essence of floating, rapidly disappearing, matter. This seems to compel them to devour everything greedily and as fast as possible. The existence of the manic is so completely engaged in this one world-relationship that he is perhaps as far from genuine happiness and joyfulness as the depressive patient. He is constantly threatened by the assault of nothingness, which shines all too strongly through all the objects of his world.



#### SCHIZOPHRENIA

Schizophrenics also regress, according to Freud, to the libido organization characteristic of infants. It is "the stage of primary narcissism, to which dementia praecox finally returns."<sup>1</sup> Through this regression of libido, the objects of the external world are decathected and the result is a loss of reality. The next step in a psychosis, on the other hand:

is an attempt to make good the loss of reality, not, however, at the expense of a restriction laid on the *id*—as in neurosis at the expense of the relation with reality—but in another, a more lordly manner, by creating a new reality which is no longer open to objections like that which has been forsaken. . . . [The difference between neurosis and psychosis is that] neurosis does not deny the existence of reality, it merely tries to ignore it; psychosis denies it and tries to substitute something else for it.<sup>2</sup>

Daseinsanalytic criticism of the psychoanalytic theory of schizophrenia must focus, first of all, on the belief in a supposedly "objective," external reality existing independent of man. From the point of view of Daseinsanalysis, this "external world" is solely the specific mode in which what comes forth in the fight of human existence presents itself to every waking member of a historically and geographically circumscribed group of people. The difference between the psychotic patient—so far as the psychotically altered realms of his thing-relationships are concerned—and average people is that the psychotic's existence is no longer open only to the *sensory* perception of those phenomena which present themselves in a physically tangible way to average people during their waking hours. Here the psychotic differs also from the hysteric and the obsessional neurotic. The existences of the hysteric and the obsessional neurotic are open for disclosing the world in fundamentally the same way as that of the average person, although in a restricted manner. The things and human beings of a schizophrenic's world, on the other hand, address him in a different way from the way they address "healthy" people. We dismiss this manner in which things and living beings show themselves to the schizophrenic as "hallucinatory" or "delusional." We know that the psychotic usually

<sup>1</sup> S. Freud, *A General Introduction to Psychoanalysis*, Garden City, N.Y., 1943, p. 365. Trans. by Joan Riviere.

<sup>2</sup> S. Freud, "The Loss of Reality in Neurosis and Psychosis," in *CP*, Vol. II, p. 279.

feels threatened by the way he perceives the things and fellow men of his world. But we should not forget that the epithets "hallucinatory" and "delusional" tell us only that the manner in which the encountered is disclosed in the light of the psychotic patient's existence is *different* from the customary manner of world-disclosure which occurs with most of the people around him. About the specific quality of this difference, however, these words tell us nothing at all.

Freud's theorizing about schizophrenia becomes even less convincing when he tries to deal with specific aspects of this psychosis. A glaring example is his attempt to explain the "strangeness" of schizophrenic symptoms (the strangeness, that is, of the substitute formation characteristic of psychosis). Freud started out from observations made on schizophrenic patients by Viktor Tausk.

A patient of Tausk's, a girl who was brought to the clinic after a quarrel with her lover, complained that *her eyes were not right, they were twisted*. . . . A second communication by the same patient was as follows: She was standing in church. Suddenly, she felt a jerk; she had to *change her position, as though somebody was putting her into a position, as though she was being put in a certain position*.<sup>3</sup>

In connection with her first utterance the patient remarked that her lover was a hypocrite, an eye-twister [*Augenverdreher*, used in German to mean a deceiver]; in connection with the second she voiced reproaches against him, stating that he had given a false impression of his own position [*Sich verstellen*, to feign, disguise oneself]; he was common and had made her common, too. He had changed her position [*Verstellen*—to change the position of].<sup>4</sup>

According to Freud, the word "to twist" (which had originally referred to the fact that the patient had learned to see the world with "twisted eyes" under the influence of her lover) had now come to refer to the actual "twisting" of her eyes. In the second instance a similar thing had taken place. The word referring to the patient's new position in the world, forced upon her by her lover, had been displaced to refer to another thing, i.e., the actual position of her body.

Freud concluded that in both examples it had been the similarity of the words used, and not the identity of the things denoted, which

<sup>3</sup> S. Freud, "The Unconscious," in *SE*, Vol. XIV, pp. 197-198. Italics added.

<sup>4</sup> *hoc. cit.*

dictated the substitution.<sup>5</sup> This, in turn, led him to conclude that it is the predominance of the word-relation over the thing-relation which is responsible for the strangeness of schizophrenic symptoms. The final conclusion is that these observations necessitate a modification of his formerly held views concerning the so-called conscious representation of the object.

What we have permissibly called the conscious representation of the object can now be split up into the representation of the word and the representation of the thing; the latter consists in the cathexis, if not of the direct memory-images of the thing, at least of remoter memory-traces derived from these.<sup>6</sup>

Freud now believed that the process which produces schizophrenic symptoms had been explained. The schizophrenic does not give up the whole representation of the object, but only the cathexis of the memory-traces of the "representation of the thing"; the cathexis of the "representation of the word" corresponding to the object is retained. This word representation is subject to the same process as that which makes dream images out of dream thoughts—the "primary process," with its condensations and displacements. Hence the strangeness of schizophrenic symptoms.

When we read Freud's explanation of psychotic symptoms, the picture which readily comes to mind is that of binaural recordings. One track carries the replica of sensory stimuli emanating from the external, unnamed objects themselves—this would be the "representation of the thing." The other track carries acoustic vibrations caused by the sounds of the word which once had been heard in connection with the object, in Freud's language the "representation of the word." If the whole "representation of the object" is to become conscious, it is necessary that both tracks be synchronized.

Freud's theory presupposes that a "pure," unconscious "representation of the thing" exists somewhere in a "psychic system." It allegedly consists of sensory traces which in themselves are nameless, wordless. There is not the slightest evidence, however, for the existence of such a wordless "representation of the thing." All evidence seems to indicate that the perception of a "thing" and "language" in its basic meaning belong together from the beginning—unless we arbitrarily restrict the concept of language to mean nothing but the sounding out of words. But it is more than this.

<sup>5</sup> *Ibid.*, p. 201.

<sup>6</sup> *Loc. cit.*

Even if a small child, for instance, knows no other names but "papa" and "mama," it is still capable of perceiving and understanding a table standing in the middle of the room as being something different from the parents. It will be able to point to it, indicate it, if only by stretching out its forefinger toward it without uttering a sound. This child would not, however, be able to indicate a thing *as* something particular if he did not already exist in the realm of "language." For understanding something *as* something, marking it, spotting it, denoting it, indicating it, necessarily presupposes language, even though the perceived characteristic of the thing cannot be named as yet by audibly perceptible names. We need only recall the origin of the very word "indicate." Its root is the Latin *dicere*, to say, to tell, to speak. No saying, no telling, no indicating could ever occur if not on the basis of language.

Many other phenomena, too, clearly demonstrate the fact that language and the thing it denotes belong together. We are thinking, for instance, of the everyday experience of perceiving a thing, the specific meaning of which we are fully aware of but the name of which does not come to mind. I may have the word "on the tip of my tongue." Yet I cannot find it. To be able to hunt for this word, to know that a specific word denotes this particular thing, is possible only within the realm of language.

These phenomena reveal the superficiality of all those modern theories about human language which demote it to a derivative product of the primitive sounds of animals and to acoustic signals secondarily attached to the objects only for informative purposes. For the use of words as informative signals always presupposes an understanding of a thing's meaning which has to be signalized as that something. This understanding of its meaning already presupposes the phenomenon of "language." Apart from this general insight we also become aware in particular that Freud's theory of "unconscious representations of things" which exist independently of and separated from "representations of words" can arise only within an immensely reduced conception of the nature of things and of human language. We have touched on both subjects before: Freud's conception of words was discussed in the section on the unconscious (pp. 85 ff.); his inadequate conception of things (shared by the scientific world of his time) was discussed in the chapter on symbols in an earlier book.<sup>7</sup> In this connection it will

<sup>7</sup> M. Boss, *The Analysis of Dreams*, New York, 1958.

suffice to point out that the supposed separation of thing and word in schizophrenic phenomena cannot be found in any of the examples Freud gives if one leaves intact the full meaning-content of the different "things." For instance, the somatic state of Freud's patient as she described it was reduced by him from the start to an isolated "representation of the organ." In doing this Freud cut off an important part of the meaningful (incorrectly called "symbolic") content of the phenomenon itself. If one abstains from Freud's artificial, intellectual reduction of the state as reported by this patient, it seems clear that all her words, and the "things" she referred to in saying them, belonged to one and the same meaning-content of her world, namely, to that of twisting and changing position. The patient had perceived only one thing that was meaningful to her. Her existence had begun to be engaged in a different relation to her world, a relation that was twisted and changed in position when judged from the point of view of her previous condition. She became aware of her changed and twisted attitude toward the world in the way and in terms which Freud called "organ-speech." Other schizophrenics might have perceived the same fact through their "hallucinatory" voices. The basis, however, for the possibility of such "organ-speech" is to be sought in the fact that our physical being is only a partial sphere of our total existence; as such it participates directly in our relationships to everything we encounter. The so-called sense organ "eye," for instance, belongs to the seeing way of our world-disclosing relationships—so directly that we do not see because we have eyes, but, rather, we can have eyes only because we are primordially seeing, meaning-elucidating beings. It is the same basic constitution of *Dasein* which enables us to use "somatomorphic" language, and the same which makes possible hysterical symptoms. Freud, therefore, pointed out that "organ-speech" is common to both hysterics and schizophrenics. He also pointed out the different way in which the two types of patients use "organ-speech" when he stated, "A hysterical woman would, in the first example, have *in fact* convulsively twisted her eyes, instead of having the *impulse* to do so or the *sensation* of doing so."<sup>8</sup> A hysterical woman also would have changed the position of her body herself instead of having felt "as though somebody else was putting her into a position" (see p. 213).

<sup>8</sup> S. Freud, "The Unconscious," pp. 198-199.

We believe that the decisive difference between hysterics and schizophrenics lies precisely in the fact that schizophrenics do not actually carry out such movements themselves, and not in the assumed splitting of "representation of the word" and "representation of the thing." This decisive difference indicates that the hysteric has less fallen prey to other people, or is less involved in their ways of existing than the schizophrenic; the hysteric has achieved a comparatively more authentic being-himself, although he has by no means reached a normally independent and free state appropriate to his own self. The greater authenticity of hysteric patients and of healthy people is a result of the greater freedom they have in their meaning-disclosing relationships to what they encounter compared to what schizophrenics have at their disposal. This is why the hysteric rolls her eyes herself, even though she does not want to admit to herself the reason why. A schizophrenic, on the other hand, feels that this is being done to him, that it comes from somewhere else, from something or someone outside himself. This means that schizophrenic patients are even less able than hysterical ones adequately to assemble their possibilities of relating to what discloses itself in the light of their existence into an independent and responsible selfhood of their own. All this belongs to the phenomenon which present-day psychopathology reduces to the highly abstract conception of schizoid or schizophrenic "ego weakness." This notion is as inadequate as the conception of the ego weakness of melancholies. A psychic thing like an ego cannot be said to be weak, because no such thing actually exists. Conceptions such as ego, ego weakness, or ego strength are nothing but intellectual and artificial reifications of certain ways of relating to disclosed world phenomena. It is the *way* and the *manner* of an *entire* existence's relating to the world which, in the case of schizophrenics and melancholies, lacks independence and freedom. One of the most important differences between melancholic and schizophrenic patients lies in their respective reactions to this non-authenticity and lack of freedom. Whereas the melancholies openly give in to it, the schizophrenics try to withdraw themselves as much as possible from the others to whom they would so easily fall prey.

What in our view appears as a difference between psychotic and hysteric patients—a difference, that is, in the degree to which all possibilities of relating of a *Dasein* are taken over into an independent selfhood—did not escape Freud's attention either. But

his theory imposed barriers on him, so that he could differentiate between schizophrenia and hysteria only by postulating a more or less thorough "flight of the ego" in schizophrenia, a flight accomplished by the withdrawal of "conscious cathexes" in both instances. Freud's understanding appears less adequate to us than ours for two reasons. It is not clear, given the "ego's" essential constitution as described in psychoanalytic literature, how the ego could "flee." Nor does the concept of "conscious cathexis" provide a basis for an understanding of human perception.

However, we have not yet arrived at a satisfactory understanding of the specific schizophrenic way of existing. All the schizophrenic characteristics which we have so far tried to demonstrate cannot, for example, account for the rise of those very typical schizophrenic phenomena which psychiatry calls "hallucinations" and "delusions." Many a healthy child, for instance, is as dependent on, and dissolved in, his parents' existences as schizophrenics are lost to the persons or objects to which they are relating in a hallucinatory way. Nevertheless, not even the most immature infants suffer from debilitating hallucinations (unless we mistake certain authors' theoretical assertions and hypothetical inferences for actual facts). Is it because the existence of even a very small child is already—on the whole—assembled to a more independent selfhood as compared to the schizophrenics? Or is it rather because schizophrenics—being no longer wholly children—are claimed by phenomena which a child is spared?

Our attempt to understand Daseinsanalytically the fact that man is capable of "hallucinating" under certain circumstances, is coupled with an awareness of the highly preliminary character of our reflections. The only justification for our attempt lies in the present situation of psychiatric science. Anatomical, physiological, endocrinological, and pharmacological research into the problem of schizophrenia in general, and into that of "hallucinations" in particular, are still very far from any understanding of these phenomena. They are, in fact, fundamentally incapable of reaching the goal in question. Certainly, all these "scientific" investigations are necessary and they produce therapeutic procedures that will be helpful in many respects. They will, however, never lead to any basic understanding of the "hallucinating" way of man's existing, because such findings will always refer only to the partial somatic phenomena which take place concurrently with "hallucinatory" per-

ception. They will always refer only to *one* of the *many* conditions under which the emergence of "hallucinations" become possible, but never to the essential one. For (if we may repeat this point once more) no meaning-disclosing human perception and understanding of something *as* something—be it "normal" or "hallucinatory"—can ever be derived from, or comprehended by, the knowledge of the physical processes which occur simultaneously. An assumed transformation of the latter into a mental grasping of meaningful phenomena remains pure magic. Strictly speaking, therefore, it is incorrect to call somatic investigation "basic research" in psychiatry.

The psychological distinction between "normal" and "hallucinatory" perceptions as "real" and "unreal" ones holds as little promise as do the somatic findings of furnishing a basic starting point for an adequate understanding of "hallucinations." For we know that there is no "reality" in and for itself but only and always in relation to human existence.

Under these circumstances the discussion of the birth process of a concrete schizophrenic "hallucination" may be the best way to find clues to a better comprehension of this paramount psychopathological "symptom."

A *Schizophrenic Hallucination "in Statu Nascendi."* It was in the middle of April 1961 that an intelligent young man of small physical stature had to be hospitalized in the psychiatric clinic of the University of Zurich because of an acute nervous breakdown. The administration of tranquilizers brought about recovery so rapid that even in the course of his first week's stay at the clinic the following conversation between his doctor and him was possible.

- DOCTOR: Why were you in a state of such severe anxiety?  
 PATIENT: Shortly before I came to the hospital, I went through one entire night in which I saw the sun. I lay in my bed; the shutters were closed and it was quite dark in the room. Suddenly, around half past nine, the sun appeared on the wall opposite the bed.  
 DOCTOR: Can you describe that a little more precisely?  
 PATIENT: It was a round disk about fifteen or twenty centimeters in diameter. It was on the wall at about head level and it moved slowly during the night from left to right, gradually rising higher.  
 DOCTOR: Of what was the disk composed?  
 PATIENT: It was nothing but intense light, brilliant yellow in color. There were no solid parts.

- DOCTOR: Did you see that in the same way you would have seen, let us say, the lighted lamp on the ceiling?
- PATIENT: NO, my attention was wholly taken by this sun. It aroused a feeling of anxiety in me. I could not let it out of my sight for one second, or something terrible would have happened. It was something stronger than man. I had to be on my guard lest it come after me.
- DOCTOR: Didn't you wonder a bit when you suddenly saw this thing?
- PATIENT: NO, because I knew from the very first moment what it meant. I know that you perhaps would have gone up to it if you too had been in the room; you would have followed the disk with your eyes and touched it. However, I knew at once what it meant. I was in a state of fearful anxiety and did not venture to get out of bed.
- DOCTOR: Just why do you use the word "sun" in referring to this phenomenon?
- PATIENT: I had just that day been compelled to think continuously of the sun. All the time I had the feeling that my sex organ was connected with the sun in the sky and was being excited by it. If I had lost sight of the sun on the wall, the real sun would have come close to the earth and the earth would have gone up in flames. I was becoming more and more anxious about that.

After only a few weeks the acute schizophrenic attack had subsided to such an extent that the patient could be released and could return to his job in a factory. During a follow-up examination one year after the outbreak of psychosis he first stated that he felt very well and now had himself under control. He was working again regularly and was earning very good wages. He still lived with his parents and got along fine with them. He spent most of his free time alone cycling or climbing mountains. Except for his parents and closest relatives, he had no acquaintances. He said he still remembered very clearly and in great detail what he experienced during his illness. Most of it remained incomprehensible to him, although he sensed that everything had a very great meaning. He then added, and these are his actual words, "It was something that is always there in ordinary everyday life as well, but I cannot apply it to specific individual situations." He went on to say that he could tell the doctor, because the doctor understood him and did not think he was still going around in circles, that the illness had not been a waste of time and had helped him in his inner development. "Because of the illness I have above all come to see clearly that

one depends on others. If one neglects his relationships with others, one gets nowhere and one's life lacks all direction." Thus during the illness there had been nothing for him to hang on to any longer. He said he had felt at the mercy of everything and no longer knew what was real and what was unreal. When for the first time after the breakdown he was allowed to go walking in the hospital park, the trees in the grove, for example, appeared to him to be quite different from what they had been before; they now seemed like shadows, uncertain, fluctuating, unreal.

What the relatives previously had told us about a ruined friendship the patient himself now supplemented, to the effect that the friend in question had from childhood been closer to him than any other person in the world. Even today he was greatly attached to this person. However, a few weeks before the nervous breakdown this friend had suddenly and without warning let him down. He simply did not appear at the place where they had arranged to meet and had not to this day bothered to get in touch with him. The patient said he was profoundly hurt by this betrayal and still worried a great deal about it. Surely, he said, this betrayal was mainly responsible for his falling ill. Probably his friend betrayed him on account of a girl. He, the patient, would, however, do nothing on his part to get in touch again with the friend. After all, friendship cannot be forced on one.

The patient became increasingly excited on recalling this betrayed friendship, so the doctor changed the subject and asked what had been the most vivid experience during the illness itself. The patient said that it had been the night in which he had seen the sun. At that time the presence of the sun in his room had been as real to him as anything could be. Yet he did not want to talk about it any more, because if he did, he would only get all involved in it again. He knew now that it had all been nothing but imagination. The doctor then asked him if he would tell him just one thing—what significance these so-called imaginations had had for him. The patient gave a rather embarrassed smile at this question and then parried it with this statement: "You must not get the idea that I idolize the sun. The sun was for me the highest power, from which proceeds all vital energy and growth."

"Why then were you in such a state of panic anxiety when confronted by it?"

"Just because it can at the same time scorch and annihilate every-

thing." The patient immediately added, however, "Now I am going to stop talking. I do not want to become ill again."<sup>8</sup>

Naturally, concern for the maintenance of the health of this dangerously imperiled person had to take precedence over our scientific interest in the case. For this reason the interview was brought to an abrupt end at this point.

In spite of the premature termination of the interview, and aside from the great intrinsic significance of this sudden stop itself, we learned an astonishing amount from our patient. He himself conceded that it was only for the sake of the doctor, who had helped him so much, that he had revealed so many of his otherwise closely guarded secrets. The first thing that emerges clearly is that he was, "pre-psychotically," an intensely reserved factory worker who had remained in the parental household. No matter how narrow and constricted this world of his was, it was nevertheless that open space of world-relationships in which he was able to maintain himself in security and contentment. However, from his earliest childhood this world had been based mainly on the relation with a friend who was closer to him than anyone else. This friendship was the firmest ground he had had to stand on, the most unshakable thing he had had in his life to hold fast to. All the more cruel to him, then, was this friend's act of betrayal, which snatched away the supporting basis and very locus of his existence. He no longer had anything with which he could achieve a dependable relationship, which offered his existence a housing in the world and enabled his *Dasein* to occur as the former, limited kind of world-openness. In his own words, "If one neglects his relationships with others, one's life lacks all direction." He now felt delivered up to annihilation, because being-a-human-being never really occurs other than as an existing *in* and *as* this or that relationship with what at any given time succeeds in showing itself in the meaning-elucidating light of man's primordial nature.

Since his friend had been everything to him, the loss brought utter forlornness. It was a forlornness of such yawning emptiness that there was nothing at all left which he could hold fast to and in relation to which he could take a stand; he could no longer even

<sup>8</sup>We owe this report to Dr. R. Furger, head physician, Psychiatric Clinic, University of Zurich. He very kindly made it available for two seminars with Professor Martin Heidegger in Zollikon-Zurich and for this publication.

distinguish between "real" and "unreal"; not a single warm sympathetic voice could reach him any longer.

Forlornness, however, can be experienced only by a being which, by its inherent constitution, is intended for and dependent on a being-together-with-others. The insight into this fact was, indeed, as the patient informed us, one of the most important things he learned in his illness. The greater the forlornness, the stronger the appeal for the appearance of an Other. The forlornness of our patient had assumed such proportions that it no longer called forth ordinary everyday Others, other human persons or harmless, well-defined things out of his former "normal life"; only something "superhuman," "supernatural," could possibly correspond to the claim of his extreme forlornness—something which the patient, as soon as it had emerged, knew at once to be "stronger than man." Suddenly a weird sun broke into the emptiness of his *Dasein*. This occurred because with the friend's act of betrayal the entire interlocking structure of the patient's everyday world had crumbled. The collapse of this structure resulted in such a de-constriction of his world that the sun could emerge into its boundlessness and reveal itself to him in a way that up to then had been entirely unsuspected. It was a wholly new reality—one, however, that was as "real" as his former "reality," if not even more "real," as shown by his answers when it was compared with his perception of the bedroom lamp. All at once the void of his gloomy, cold forlornness was filled with the unheard-of brightness of its light. However, he would never have been able to take in this phenomenon as a concrete sun if he had not already had a more or less precise knowledge concerning the essence of the sun, of the sun-nature, its particular light-being, warmth, and plenitude, and its destructiveness. How could anybody recognize anything as that particular something it is (let us say, for example, a coffee-cup as a tool for drinking purposes) if the constitutive world-openness as which he exists did not—among its other ways of being open for an essential understanding of that which is disclosed in its fight—also consist of a more or less articulated primary understanding of "toolness" as such? The same holds true for the perception of a sun. It is for this reason that through this sun revealing itself in this way, the patient, as he himself said, could take cognizance in the most immediate, overwhelming manner of the dominion of a solar "highest power, from which proceeds all vital energy and growth, but which can at the

same time scorch and annihilate everything." The sun beset him with the knowledge of something, then, that holds in its hands, as it were, the being as well as the non-being of everything. He learned through it of the rising, the coming up, of everything that is, the "coming up" of things into their being and true nature and also their "going up" into non-being, into nothingness (as we say that "something *goes up* in smoke," i.e., is annihilated). Above all else, however, the sun spoke to him of a light-being, an "enlightening," which is still a third kind of "coming up"—or rather the first kind, since it is the pre-eminent form of "coming up," of rising, of dawning. It is "coming up" as the enlightening, comprehending, elucidating perception of something *as* something. If human existence did not by its origin participate in the nature of this kind of sun-like coming up, or rising, there never could have dawned on any person that there is anything at all, and no one could have perceived anything of the two above-mentioned "physical" kinds of phenomenal coming or going up in our real world.

However, this "sun knowledge" was granted to a person who was mentally ill and in a state of total confusion. Was it merely his madness that gave him all these illusions, which were just nonsense? The patient himself energetically protested against such an imputation, even after the fading away of his "disturbance." He ascribed the utmost meaning to his psychotic experience and maintained that it enriched his life. And rightly so. Did it not enable him to sense something quite intangible (because it is in the background and so fundamental), "something which is also there in everyday life," but is "not applicable to specific individual situations"? Did not the sun of his psychotically de-constricted world reveal to him something of the deep underlying nature of that which rules behind everything, which simply *is* as this or that particular object? This "inapplicable" and intangible essence is by no means misunderstood by the psychotically clairvoyant patient as some nullity, an empty abstraction. He knows—to be sure, in a way that he can hardly articulate—that what is sensed in this way has to do with the emergence and "beingness" of all things, with the Being-ness of all particular beings as such. It therefore cannot be just another definable thing. It surpasses in meaningfulness the importance of even the most meaningful of all discrete things.

It is more than probable, then, that the hallucinated sun did not befuddle our patient with a nonsensical illusion but, rather, dis-

closed to him something more profound than the ordinary man is commonly privileged to become aware of. To be sure, our patient was not able to cope with such clairvoyance. This is not surprising, for he owed it, after all, not to an extraordinary autonomous maturity of his own self but to a breakdown and laceration of his dependent, precarious self-being after his friend's betrayal. For this reason he was not able to stand up to his perception of the "super-meaning" of the full nature of the sun-quality of the sun, revealing itself to him with all its might. No matter how much he defended himself against it, its summons overwhelmed him, deprived him of all autonomy and all freedom. He was helplessly delivered up to the excess of what he had newly perceived, succumbed to it entirely. It put all the other things that had made up his familiar world—the trees in the grove, for instance—entirely in the shadow of a quite uncertain reality. Such a succumbing of a given existence to what is perceived corresponds to a closeness to the perceived—a closeness so intense that the perceived meaning-content is condensed into the appearance of a materially present phenomenon. Therefore, in the case of our patient, meaning revealed itself to him as a physical phenomenon, and as he succumbed ever more helplessly to it this sensuously perceived object closed in on him ever more intimately. At first the sun-like power holding sway behind all being and non-being disclosed itself to him in the way of a compulsive thinking about the still distant sun in the sky. Very soon, however, this information seized upon the existence of the patient in such an overwhelming way that he became involved in a very strong "hallucinatory" attraction to the sun, which encompassed even his genitals and caused him to be sexually excited.

Some would say, was it really the sun that attracted him sexually? Was it not rather the other way around? Was it not his own inner homosexual drives, which he was projecting from his former friend onto the sun? However, before we are entitled to maintain such a reversion of our patient's own statements, we must ask what "homosexual" really means in this connection. There is no single, constant thing known as homosexuality. The word "homosexual" is a superficial label for a great many ways of human behavior of very different intrinsic meanings. There is, for example, crassly homosexual behavior which has nothing to do with even an immature love partnership and which belongs, rather, to the pattern of behavior of entirely immature adolescents who have still so inadequately

appropriated their own possibilities of masculine relationships that they can experience the masculine way of living only by participating in the behavior of another, more masculine, companion. Thus one can see these people during a maturing process in psychoanalysis regularly exchanging their "homosexual" friendships for heterosexual relationships to the exact extent that they themselves can gradually appropriate and take over masculine possibilities of behavior. It is not surprising that, among these adolescents, existing through another and thus merging with him includes the bodily erotic sphere.

We do not know whether manifestly homosexual practices formed part of the friendship relationship in our patient's particular case. Nor is this of any decisive significance. What *is* indispensable is an understanding of the nature of human sexuality as such. Fortunately, such an understanding is facilitated for us by the experience of this patient. It permits us, first of all, to ask in all seriousness whether it is such a certainty that something like sexual drives exist within the human being which arise from the body and its "erotic spheres" and then, by pushing from behind, so to speak, drive the "ego" or the "subject" into the arms of a "sexual object," as all the current drive psychologies would have it. In any event, there is no proof that such an idea is more than a mere abstraction of a subjectivistic psychology. Our patient, in any case, experienced the exact opposite of being driven from within or from behind. He was at the mercy of an *attraction* exerted by the sun. How is it, then, that his sexuality was involved in such a pronounced way? Because the sun and the so-called sexuality of man belong to one and the same essence, to what the patient himself called the sun-quality, the sun-nature, of the sun. The sun, as he informed us, is the highest power, from which proceeds all vital energy and growth, as well as all scorching and annihilation. Is not sexuality also sun-like in the same sense, insofar as it generates, makes the individual transcend his limits, and at the same time lets a given autonomous existence come up and be annihilated—at least temporarily—in the unconsciousness of the orgasm? When two things share the same nature neither of them can be explained by the other one, nor can one be derived from the other.

On the night of the catastrophe, the sun drew much closer to the patient, as his existence increasingly fell prey to its power. It penetrated into his room. What at first was merely an intellectual repre-

sentation of the sun finally condensed into its "hallucinated," sensuously perceptible presentation on the opposite wall of the room. What we see here is that the "transition" from the deliberately fanciful representation of something to its "hallucinatory," oppressive, tangible presence corresponds to the degree of the helpless surrender of a human existence to the meaning-content which reveals itself. The immediate and utter certainty about the full meaning-content of the perceived phenomenon is evident from the peculiar, all too oppressive nearness of what has become a hallucinatory materially visible thing. But this must not be taken to be the essential difference between the hallucinations of the mentally ill and the perceptions of the non-schizophrenic. Such unmediated openness to something perceived is far from being the sole privilege of hallucinating schizophrenics. Something can reveal itself in its full meaning just as immediately, and with just as much certainty, to every person, for instance, who is in an extreme state of anxiety. Only the healthy person can again rapidly make way for the relationships of a freer, more autonomous self-being. But the so-called pragmatic, objectively detached, discursive, gradual analysis and criticism of a thing showing itself is far from being the only possibility that the healthy person has of relating to the phenomena of his world.

On the other hand, attempts have been made to understand the appearance of such a schizophrenic hallucination by proceeding from a so-called theme of a concrete situation in the life history of a patient. In our case, the central theme of the relationship of our patient to his boyhood friend would have been the starting point of such an explanation. This approach would then maintain that this "theme" had "autonomized" itself in our patient, had ever more comprehensively taken possession of his total existence and had finally embraced his entire world. According to this theory it could be maintained that the "theme" of friendship had dominated the still normal everyday life of our patient and had admitted no other personal contacts. At the onset of the psychosis, so the reasoning would run, this same love "theme" had already expanded to embrace the sun in the sky and to be absorbed by it, so that the patient was henceforth able to think only of the sun and was compelled to feel erotically excited by it. During the following night, this "theme" had swallowed up and overwhelmed the entire existence and world of the patient, to such an extent that it could



be absolutized to a demented perception of an all-absorbing, hallucinated sun in his room. However, such a formulation leaves completely unclarified the question of how a "theme," in and of itself, could exist somewhere out there or in the subjectivity inside a person, and how it could then be hypostasized to a kind of autonomous personality until finally it was in a position to take increasing possession of the existence and the world of a given human being.

In the case of our patient, at any rate, we see exactly the opposite, namely, that it was the particular quality and intensity of the attunement of his total relationship to the world, the constitution of his entire existence, that determined the sphere of openness, the range of what is allowed to reveal itself to him in the way of "themes." It was a high degree of dependence—a lack of freedom with its ensuing anxiety—that characterized and molded our patient's entire way of existing from childhood on, that left him open, before the outbreak of the psychosis, only to the "theme" of friendship for a stronger man. In exactly the same way at the climax of his psychosis, it was again the de-constriction of his total existence and its peculiar attunement that had opened it up to the "sun." There is not the slightest basis for maintaining that this was only a cosmogonic expansion and autonomizing of a "theme."

The "theme" theory which we have just had to discard may be considered as a somewhat changed and broadened psycho-genetic doctrine. It is essential, therefore, to point out that our Daseins-analytic understanding of a schizophrenic hallucination has nothing whatever to do with any psycho-genetic theory, nor has it any relation to the so-called somato-genetic approach. To be sure, our patient himself was convinced that it had been the betrayal of his friend which had brought about his nervous breakdown, and we, too, felt this was important. Nevertheless, no psychic, somatic, constitutional, or hereditary condition can ever be regarded as the actual cause of a psychopathological or non-pathological human phenomenon—at least not in any meaningful sense of the words "cause" and "genesis" (i.e., in the sense of an agent which produces or originates something). The most we can say of psychic or somatic conditions is that they are limiting factors. They can conceal the carrying out of one or another of the possible world-relationships which a human existence consists of. In the case of a schizophrenic

patient there is also—as we have seen—a de-constriction, a disclosing of ways of discovering phenomena and of relating to them which are completely covered up in the waking state of an average existence. Concealing something or disclosing it, however, is far from producing it or being its basis, its genesis, or its cause.

## PART IV

# THE IMPACT OF DASEINS ANALYSIS ON TRADITIONAL PSYCHOANALYTIC TECHNIQUES

I "Hreud entertained doubts about his  
1 theory of neuroses. He expected it  
to be overthrown, and thought that the biological sciences would  
accomplish its destruction. Today, we know that neither physiology  
nor chemistry—however "efficient" they may become in other  
respects—will ever be able to contribute anything of importance to  
the *understanding* of man *qua Dasein*. On the contrary, the find-  
ings of physiological chemistry, endocrinology, and neurology in  
man will disclose their full meaning only if they are seen against  
the background of the fundamental nature of *Dasein*. They can be  
adequately understood only as those partial phenomena of the  
world-disclosing relationships of a given human being which take  
place within the bodily realm of his existence *while* these relation-  
ships occur. It is impossible to comprehend this essential world-  
openness of *Dasein* in terms of chemical substances and biological  
processes; it is equally impossible to attempt to understand, derive,  
or reconstruct it from "instincts" and "libido"; it would thus be  
folly to expect that the natural sciences will ever be able to over-  
throw the artificial structure of Freud's theory of neuroses. It seems  
to us that what is necessary to bring the thinking about neurosis  
into accord with the realities of neurotic phenomena is the approach  
based upon *Daseinsanalytic* thinking. The Daseinsanalytic approach  
to the neuroses is still in its beginnings, and a more systematic and

complete portrayal of the Daseinsanalytic theory of neuroses is still  
to come. At present, the most important task is to discuss psycho-  
analytic *therapy* in terms of the Daseinsanalytic view of man. Only  
in this way can we determine whether Daseinsanalytic thinking is  
of immediate and practical value for the therapeutic endeavor.

## The Daseinsanalyst's Attitude Toward His Patients

The psychotherapist who permits himself the insights of analysis of *Dasein* makes fundamental discoveries that are important for his therapeutic behavior.

First of all, he finds out that analysis of *Dasein* does not teach him—and cannot teach him—a single new phrase or concept which might serve to formulate his reflections on or investigations of psychopathology; nor does it teach him any terms to use when dealing with patients. He will, for instance, never try to define psychotherapeutic phenomena by talking of this or that specific mode of being-in-the-world. The term "being-in-the-world," as used by analysis of *Dasein* always refers exclusively to the very *essence* of all possible variants of actually occurring human perceptions and modes of behavior. There are *myriads* of *different* modes of human relationships and patterns of behavior toward what is encountered, all of them constituting man's *one* fundamental nature, i.e., his unique way of being-in-the-world as the disclosing, luminating realm of world-openness. For this reason, the person who speaks of different "modes of being-in-the-world" or "modes of *Dasein*" has failed to grasp the very essence of man's existence. There are thousands of differently shaped tables possible, for instance. But inherent in all of them is just *one* particular kind of being, i.e., the essential nature common to all possible tables and different from the essential kind of being of, for example, all churches.

This knowledge limits the psychologist and psychotherapist to the description and investigation of all the immediately observable modes of human behavior and their equally perceptible underlying moods, and to talking of them in everyday language.

The discovery that man is essentially one in whose meaning-

disclosing relationships the phenomena of our world make their appearance, develops in the Daseinsanalytic therapist a basic respect for the intrinsic value and essential content of everything that shines forth and comes into its being in the light of a *Dasein*. Because he has realized that the meaning and context of everything that comes his way shows itself directly to him, he has no need to destroy what he actually sees and hears from the analysand and to replace it with assumed forces supposedly underlying the patient's behavior and perception. Daseinsanalysis thus enables the practitioner to dispense with the tedious intellectual acrobatics required by psychoanalytic theory. He is free to discard the psychoanalytic libido theory as well as the labored psychoanalytic interpretations of symbols, both of them obstacles to an immediate understanding between physician and patient.

It is hardly to be expected, though, that such a challenge will be met sympathetically by the average psychoanalyst. He has exerted himself for years in his training analysis and in his seminars to learn these theoretical conceptions, and he cannot possibly be happy with the idea that they are completely superfluous.

Nevertheless, there is at least one great advantage in being rid of the theoretical and speculative ballast of Freudian theory. The psychotherapist becomes less prejudiced. He can devote himself fully to the analysand in the "evenly-hovering attention" that Freud always demanded. He does not approach the patient from the point of view of a scientific theory (which, by the way, cannot supply the therapist with a conscious motive for his undertaking); nor is his attention distracted by the observation of assumed anonymous forces within the patient. Instead, the analyst's behavior rests on the insight that, being human, he is called upon to disclose both things and men. This knowledge increases his sensitivity to all the obstacles which generally reduce the potential relationships of a patient to a few rigid and unauthentic modes of behavior. Such sensitivity in turn enables the Daseinsanalyst to carry out an "analysis of resistance," wherein the patient is tirelessly confronted with the limitations of his life and wherein these limitations are incessantly questioned, so that the possibility of a richer existence is implied. As a rule, neurotically reduced people regard their wretched interpersonal relations as the only ones possible. They do not know that greater freedom is available. If their restrictions are repeatedly questioned, previously non-admitted possibilities of

behavior regularly appear, along with perception of the things and fellow human beings who belong to these world-disclosing possibilities. The analyst practicing in this fashion will not try to persuade patients that much of what they feel and mean is only a cloak for opposite wishes and tendencies. He will thus avoid giving the impression of devaluating their experience, thereby confusing them and arousing unnecessary anxiety. However, the Daseinsanalyst's respect for phenomena should not be confused with an exclusive concern with those phenomena of which the patient is already fully aware. He knows that the patient's being includes, apart from overtly admitted and accepted modes of behavior, a great many other modes of being, some of which the patient is trying hard not to become aware of, and many of which contrast with the overtly expressed modes. He also knows that these possibilities for relating have to be acknowledged by the patient as his own before he can get well. Nevertheless, all of the patient's modes of behavior—those openly carried out and those so far warded off—are considered autonomous by the therapist; he must treat all as valid. He must never try to deny the reality of a phenomenon.

Daseinsanalytic understanding of man imbues the analyst with a deep respect for everything he encounters. In the psychoanalytic situation, such respect means that the *Daseinsanalyst* can follow the basic rule of psychoanalysis even more consistently than could Freud, who was hampered by his theoretical prejudices. The analyst's respect for everything that he encounters makes it possible for him to take seriously and to regard without prejudice all behavior and all utterings the patient produces. He is able to accept all the ways in which his analysands begin to relate. He has no need to put new obstacles, arising from his personal censorship based on theoretical prejudices, in the patient's way. The Daseinsanalyst's conscience is clear when he consistently refrains from declaring that one kind of behavior (for instance, instinctual reactions) is more real or fundamental than another. Such impartiality is of great practical importance. It eliminates the danger of so-called unbreakable transference. This therapeutic difficulty often arises when the analyst attempts to reduce (by means of interpretation) a new mode of behavior on the part of the patient to an earlier relationship in the patient's life, a relationship considered primary and causal *because* it took place earlier. If this budding possibility of relating is not permitted to unfold in its own fashion, it remains fixated on

the embryonic level of the transference relationship. It is unlikely that this will happen if the patient's feelings are regarded as actually directed toward the analyst and thus accepted in their full reality, even though the patient's perception of the analyst is still distorted and restricted because of earlier experiences. The Daseinsanalyst's attitude toward patients' feelings in the transference situation is characteristic of his attitude toward all happenings during the analytic cure. What belongs to the creatural realm, for example, is permitted to be just that. The realm of the divine is similarly granted its authenticity; it is not regarded as a product of sublimation of infantile, libidinous strivings and thereby degraded to unreality.

Daseinsanalysis admits all phenomena on their own terms. Hence the therapist avoids a second danger—that of "curing" the patient's initial symptoms then inducing a new neurosis best called "psychoanalytism." This syndrome (by no means rare) leads its sufferers to ritualistic thinking and talking in psychoanalytic terms and symbols. Circles and sects are formed of similarly afflicted persons. While many such adherents may lose old symptoms, the neurotic nature of their new conduct is easy to detect. Instead of staying close to the immediately observable appearances of the world, they disregard them and speculate about what is "behind" them, unaware that their observations do not support their deductions. Instead of dwelling in openness toward the things and people they encounter, they "interpret" these same phenomena, human and material. Generally such people cling rigidly to their theoretical convictions and take great pains to avoid people with different ideas. Their symptoms indicate their inability to penetrate beyond the concepts and interpretations of psychoanalytic theory; they have failed to arrive at an open and immediate world-relation. Their fear of being contaminated by other ideas betrays their neurotically restricted mode of living, where genuine freedom and openness is always experienced as a threat.

## Daseinsanalytic Handling of "Transference" and "Acting Out"

We have frequently mentioned the extent to which psychoanalytic *therapy* relies upon fundamental insights into human nature. These insights, although unexpressed in psychoanalytic theory, actually support psychoanalytic procedures. We have further stated that these insights have been explicitly developed since Freud's day in Heidegger's work. Therefore, it is no surprise that most of Freud's concrete suggestions concerning psychoanalytic technique seem unsurpassed to the Daseinsanalyst. As a matter of fact, Daseinsanalysis enables psychotherapists to understand the meaning of Freud's recommendations for psychoanalytic treatment better than does his own theory. It is by no means unusual to find Daseinsanalysts who adhere to most of Freud's practical suggestions more strictly than do those psychoanalysts whose theoretical orientation remains orthodox. There are only a few (though important) realms of therapy where Freud's secondary theories have negatively influenced therapeutic procedures. It is in these areas that the Daseinsanalyst meets therapeutic problems differently than does the orthodox analyst.

Perhaps the most significant area in which Daseinsanalytic thinking differs from psychoanalytic thinking is in the conception of transference, to which we have already alluded (*cf.* pp. 122 ff.).

Freud believed that in transference the patient's buried and forgotten emotions of love or hate become actual and manifest.<sup>1</sup> According to him, patients want to express in action—reproduce in the real life relationship with the therapist—infantile feelings for their parents which have been repressed. They want to "act them out," but they do not know what they are doing. Their acting-out

<sup>1</sup> S. Freud, "The Dynamics of the Transference," in CP, Vol. II, p. 322.

is an indication that they resist any consciousness of feelings they had for their parents early in life. These repressed feelings now hide behind the feelings for the analyst. The psychoanalytic cure is designed to uncover this aim of acting-out. The patient is to be encouraged to remember feelings he had for infantile love objects, but to remember *only*. He is "to retain [them] within the mental sphere."<sup>2</sup> In other words, the transference must be overcome. This is accomplished

by showing the patient that his feelings do not originate in the current situation, and do not really concern the person of the physician, but that he is reproducing something that had happened to him long ago. In this way, we require him to transform his *repetition* into recollection.<sup>3</sup>

The implication is that only by frustrating the acting-out can the patient be brought to remember infantile love objects and thus to detach himself gradually from the transference situation. The therapist's role in the situation is described by Freud as follows:

I cannot recommend my colleagues emphatically enough to take as a model in psycho-analytic treatment the surgeon who puts aside all his own feelings, including that of human sympathy, and concentrates his mind on one single purpose, that of performing the operation as skillfully as possible. Under present conditions the affective impulse of greatest danger to the psychoanalyst will be the therapeutic ambition to achieve by this novel and disputed method something which will impress and convince others. This will not only cause a state of mind unfavourable for the work in him personally, but he will find himself in consequence helpless against certain of the patient's resistances, upon the struggle with which the cure primarily depends. The justification for this coldness in feeling in the analyst is that it is the condition which brings the greatest advantage to both persons involved, assuring a needful protection for the physician's emotional life and the greatest measure of aid for the patient that is possible at the present time.<sup>4</sup>

The Daseinsanalyst cannot agree with the handling of transference and acting-out suggested by Freud. The reason is simple: he does not believe that the theoretical assumptions leading to Freud's

<sup>2</sup> S. Freud, "Observations on Transference-Love," in *CP*, Vol. II, pp. 384-385.

<sup>3</sup> S. Freud, *A General Introduction to Psychoanalysis*, Garden City, N.Y., 1943, p. 461. Trans. by Joan Riviere.

<sup>4</sup> S. Freud, "Recommendations for Physicians on the Psycho-Analytic Method of Treatment," in *CP*, Vol. II, pp. 327-328.

suggestions are correct. Nowhere does Freud prove convincingly that the patient's feelings for the analyst do not arise from the present situation, that they are directed, not toward the analyst, but "really" toward the patient's father or mother. He even proves the contrary. First, he admits that "one has no right to dispute the genuine nature of the love which makes its appearance in the course of analytic treatment" (*cf.* p. 123). Secondly, he confesses, in a different context, that a correct interpretation of an emotional attachment to the analyst as "transference" from somewhere else, or of acting-out as "transference resistance," does not produce the results we expect from correct interpretations of neurotic behavior—namely, the cessation of it.

. . . naming the [transference] resistance [does not] result in its immediate suspension. One must allow the patient time to get to know this resistance of which he is ignorant, to 'work through' it, to overcome it, by continuing the work according to the analytic rule in defiance of it. . . . The physician has nothing more to do than *wait and let things take their course*, a course which cannot be avoided nor always be hastened.<sup>5</sup>

In contrast to Freud's opinion, the Daseinsanalyst knows beforehand that so-called transference does not "transfer" anything. He also knows that cures are not effected by months of "working through," during which the supposed meaning of the patient's relationship to the analyst and of his acting-out are drilled into him. The Daseinsanalyst admits "transference love or hate" as the genuine interpersonal relationship to the analyst as which the analysand experiences them. The fact that the analysand behaves in an infantile manner, and therefore misjudges the actual situation to a large extent (because of his emotional immaturity, which in turn is due to faulty training in his youth), does not detract from the genuineness of his present feelings. The analysand begins to love the analyst as soon as he becomes aware that he has found someone—possibly for the first time in his life—who really understands him and who accepts him even though he is stunted by his neurosis. He loves him all the more because the analyst permits him to unfold more fully his real and essential being within a safe, interpersonal relationship on the "playground of the transference." As we have said before, all genuine love of one person for another

<sup>5</sup> S. Freud, "Recollection, Repetition and Working Through," in *CP*, Vol. II, p. 375. Italics added.

is based on the possibility which the loved one offers to the lover for a fuller unfolding of his own being by being-in-the-world with him. On the other hand, the patient will hate his analyst as long as he is still (because of his childhood experiences) open only to a child-father or child-mother relationship which limits his perception of adults to frustrating experiences. He will hate him even more—and with good reason—if the analyst, because of his own so-called countertransference (i.e., his own neurotically restricted emotional attitude toward the patient) actually behaves like one of the formerly hated parents.

Freud has given us a masterful description of the way resistances against the acquisition of hitherto feared possibilities of living melt in the "fire of transference love." But when the patient wants not only to think or talk about his relation to the analyst, but wants also to experience his newly discovered possibilities in the language of his emotions and his body, Freud calls this the "acting-out of resistance." The Daseinsanalyst thinks otherwise. To him, the desire for emotional and physical acting-out appears as much a part of the newly sprouting possibilities for relating as do the thoughts which belong to these possibilities. Therefore, the Daseinsanalyst cannot regard such acting-out as a repetition—in action—of repressed infantile emotions of love toward a parent, or even as resistance against becoming conscious of such old "love objects." He will carefully avoid transforming the so-called acting-out into "psychic material," namely into remembering and verbal expression. On the contrary, he will let the acting-out continue to the greatest extent possible without violating his own integrity, inner freedom, and selfless concern for the analysand. He will do this because he regards acting-out as a *genuine* phenomenon—as, more often than not, the very opposite of an attempt to repress. Acting-out may indicate that something is unfolding for the *first time* in the analysand's life. He dares to behave in a manner which has never before been permitted him (at least not sufficiently). Acting-out in these cases can be neither a remembering nor a repetition. Thus the only therapeutically effective action by the therapist is *permission* to act out. With this permission is it possible for the patient to experience again and again, to practice, and eventually to acquire modes of behaving which had not been permitted in the relationship to his real parents and educators. It is harmful to attempt to "transform" acting-out into remembering, especially if the therapist

tries to accomplish this by calling the behavior of the analysand "infantile"; this has the derogatory implication that the patient should have overcome and abandoned such behavior long ago. But, on the contrary, the child-like modes of behavior which sprout for the first time in the analysand-analyst relationship should be valued as the precious starting points from which all future developments will arise. The analysand's being-himself will mature into ever more differentiated forms of relating if (and only if) the more primitive forms of relating are first permitted to unfold themselves fully. If this is allowed, maturer forms of behaving appear spontaneously. Thus the gradual detachment from the analytic situation happens *because* acting-out is permitted; it is not produced by a misinterpretation of acting-out as renewal of childhood memories.

Actually Freud knew this although, seduced by his theoretical assumptions, he did not mention it explicitly in his recommendations for the practical handling of so-called transference. He contradicted his own definition of transference (as an "erroneous linkage of an affect and an object") when he stated that "one has no right to dispute the genuine nature of the love which makes its appearance in the course of analytic treatment." Freud the therapist, moreover, behaved in actual treatment as if he were cognizant of these Daseinsanalytic insights. We have noted before (*cf.* p. 239) that he admonished the analyst to "wait and let things take their course," because in all patients capable of sublimation, the process of healing usually "takes place from within as soon as their inhibitions have been removed by the analysis."<sup>6</sup> These phrases imply that the concept of "working through" is primarily a theoretical screen for permissiveness in regard to the trying out and practicing of newly admitted ways of behaving in the analyst-analysand relationship. Incidentally, these same words of Freud show how pointless it is of some critics of psychoanalysis to demand that "psychosynthesis" must follow psychoanalysis. Obviously, what takes place of its own accord need not, in addition, be accomplished by something else.

Of course, acting-out—like any other phenomenon of psychoanalysis—*can* be used for purposes of resistance and of hiding. Occasionally, an analysand uses in analysis manners of relating which he has practiced for some time and taken over responsibly, in order to resist acceptance of still more feared ways of living. If

<sup>6</sup> S. Freud, "Recommendations for Physicians on the Psycho-Analytic Method of Treatment," p. 332.

the patient does not make such behavior part of his relations outside of the analytic situation, if he persists in acting out *only* with the analyst, we may assume that his acting-out serves to sabotage the responsible acceptance of certain realms which the patient still fears. It is easy to recognize such acting-out, for it has a counterfeit, playful, theatrical, and demonstrative character. However, Freud's technique of analysis of resistance gives us adequate means to surmount this difficulty.

It is important to remember that a neurotically inhibited person can attempt to open himself in his relationship to the analyst only if the latter meets him on a level which is genuinely his. With seriously ill people, this is seldom the conceptual, intellectual-verbal level. Therefore, the analysand-analyst relationship must often resemble that of an infant to his mother, if the relationship is to be genuine and appropriate to the patient's condition. At times, this relationship can grow only if it is confined to the silent language of gestures, sometimes even exclusively to silence, so that *Dasein* may come into light and grow. Child-analysis has long since renounced, by and large, any attempt to try to transform acting-out into thoughts and memories. But in the analyses of adults we have failed to recognize sufficiently that we are dealing with people who have remained small children at the very core of their existence, and to whom we can genuinely relate only if we meet them on that same child-like level.

The analyst who urges his patients to regard all their acting-out as a form of resistance against remembering their behavior toward former "love objects" wrongs his patients severely and endangers their chances of recovery. If the patients do what the therapist asks them to do, they demand either too much or too little of themselves. Either there is nothing to be remembered at all, because a patient is experiencing in his acting-out toward the analyst a new way of interpersonal relating, a way which had never been open to him before; or a patient actually can realize that he is behaving toward his analyst in exactly the same distorted way as he remembers behaving in his youth toward his father or mother, in consequence of this or that excessive frustration or overpermissiveness on their part. But no actual, convincing evidence has ever been presented as to the effect of this kind of remembering as such. On the contrary, Freud's conviction that the mere remembering of the occasion when neurotic behavior was first produced and stamped on a child's exist-

ence will itself stop the compulsive repetition of such behavior is based on laws which can be applied satisfactorily only to physical objects. In the realm of physics, it is true, an effect will no longer be produced if its cause is eliminated; an electric engine, for instance, will come to a dead stop as soon as the current is turned off. Nothing that happens to a child, however, is capable of producing and maintaining any pattern of behavior in this causal sense. The experiences of childhood can only *limit* and *distort* the carrying out of inborn possibilities of relating to the world. They cannot cause and produce the relationships themselves. Nor can such a pseudo-cause be rendered ineffectual by simply remembering it, by making it "conscious" and thus liberating a so-called fixated amount of libido. We cannot repeat often enough that no amount whatever of "blind" energies can ever produce and build a lucid human world consisting of meaning-disclosing relationships with what is encountered. Human existence is essentially not a physical process but primarily a historical event. This means that in every actual relation to something or somebody, *Daseins* whole history is inherent and present, whether the historical unfolding of a certain kind of relationship is remembered explicitly or not.

What matters most, therapeutically, is not the recalling of the occasion when a neurotic pattern of relating to fellow men was acquired in childhood, but finding the answer to two questions: Why has the patient remained, right up to the present time, caught within this same, restricted way of communicating? What is keeping him a prisoner of his neurotic behavior patterns right now? The general answer to these all-important questions is that neurotic patients usually cannot even imagine that another way of relating to people is possible. Some may intellectually know of a greater freedom, but they do not trust it sufficiently to dare try it. Instead, they are most anxious to prove the contrary to themselves, by provoking their environment to continue the neurotically restricted way of communicating with them. For all neurotics, any change of the narrow perspective to which they are accustomed is terrifying, especially if it is a change toward greater freedom.

The last thing our analysands need is a theoretical reduction of their acting-out to a transference phenomenon—or any other rational explanation of it. Nor do they need to account for it intellectually (with or without the corresponding "affects"), to reflect on it "consciously," to articulate it verbally, or to assume full re-



sponsibility for it. Their primary requirement is not some kind of conceptual recognition of their acting-out, but rather the opportunity to live and to experience, over and over again, immediately and unreflectingly, their new ways of behavior within the safe relationship to the analyst.

Freud's dangerous advice, that patients be urged to remember "consciously" and to articulate verbally as soon as possible what they are unreflectingly acting out, seems to originate in his limited understanding of human language and "consciousness." Freud was of the opinion (see pp. 214 ff.) that nothing could become "conscious" (and thus be prevented from converting itself into a neurotic symptom) which was not connected with the memory-traces of the sound of the name or word belonging to it. In unreflected-upon perception and action, however, there is as genuine an appropriation and unfolding of world-disclosing possibilities of behavior as takes place when we are moving within the realm of verbal utterances. For an unreflected-upon mode of spontaneous behavior also belongs to human language in its deepest sense. It, too, presupposes an awareness of the meaning and the references of the beings encountered. In fact, it precedes by far any conceptual reflection and knowledge of spoken words. The genuineness and priority of such an unreflected-upon, "merely" acted out, appropriation of new ways of relating can easily be demonstrated. Every experienced analyst knows patients who recognized, and reflected upon, all their important "fixations" to earlier "love objects," who came to clothe these recognitions in proper and adequate words and concepts, and who even realized the full emotional content belonging to these relations—all without the slightest therapeutic effect. On the other hand, there are scores of patients who lost forever all their neurotic symptoms without any remembering of earlier "love objects," without any conceptualized or verbalized recognition of the hitherto ward-off possibilities of relating to their fellow human beings, but solely by unreflectingly acting out—and thereby appropriating and accepting—their immediately lived behavior toward the analyst.

The Daseinsanalytically modified handling of "transference" phenomena is, perhaps, nowhere more decisive therapeutically than with schizophrenic patients.

According to Freud the so-called transference neuroses (cf. p. 122) permit the patient to develop a feeling relationship for the

analyst (although Freud erroneously thought that someone other than the analyst was actually the object of the patient's feeling). On the other hand, Freud believed that patients suffering from one of the two "endogenous," "narcissistic" neuroses had encapsulated themselves to such an extent within their "primary narcissism" that they were incapable of any "transference." He felt that such patients were "not suitable for psychoanalysis; at least not for the method as it has been practised up to the present."<sup>7</sup> It is significant, however, that Freud did not consider it impossible that changes in method would eventually be introduced which would make treatment of these patients possible. Daseinsanalysts recognize that Freud's therapeutic resignation in regard to such patients was due to his inadequate theories. When the therapist grasps the Daseinsanalytic insight into the essence of man's being-in-the-world, he also knows how fundamental a feature of man's existence "being-always-with-others" is. "Being-with" is so essential an ingredient of human existence that nobody can perceive another human being, even from afar, without having already entered somehow or other into the specifically attuned relationship toward the world of the other. Applied to the psychotherapeutic situation, this means that therapist and patient participate in each other's modes of behavior and of relating to what they commonly encounter. True, such "being-with-another" may be of the nature of distant observing, of neutrality, or even of intense defense. Nevertheless, it is always some mode of participation in the other's being-in-the-world, i.e., some sort of being-with the same things that the partner is with.

From the Daseinsanalytic point of view, then, there is no reason to doubt that a man who has lost himself in a schizophrenic mode of existing has a chance of recapturing his mature human freedom in the encounter with a therapist. For the therapist, however, this means an ability to meet the patient on his own ground, namely that of a small child. The analyst must be mature enough to permit the patient to unfold in an atmosphere of complete security, in a relationship comparable to that of a mother with an unborn child. Actually, the therapist must often maintain such a relationship for as many years as a pregnancy has months. Thus Freud's statement that these narcissistic psychotics are incapable of showing any transference is true only in a very limited sense. These patients are

<sup>7</sup> S. Freud, "On Psychotherapy," in *SE*, Vol. VII, p. 264.

incapable of a "normal" transference relationship with the analyst, if the latter forces them (through his own attitude and manner of meeting them) to adopt a manner of encounter which in no way takes account of their real condition. The condition of schizophrenics, even more than that of obsessional neurotics, is characterized by their having matured only insofar as the intellectual, peripheral, distance-maintaining, externally acquired modes of thinking and of encountering the most important things and people of their world are concerned. As regards their essential possibilities of relating to beings, they have remained on the level of infants; they have not developed most of the ways of relating to fellow men which belong to the existence of a grown-up person. Thus when they are asked to behave like grown-up people they are overstrained, so to speak. They defend themselves against such demands by withdrawing into so-called schizophrenic autism.

The encounter with a schizophrenic patient changes as soon as the therapist begins to relate to the patient as if the latter were a very small child. This, in turn, enables the patient to permit himself to relate to the analyst in the mode of being to which he is restricted for the time being, which is the only one genuinely available to him. But the therapist has an additional task. He must protect these patients against a too vehement onslaught of all those possibilities for relating and disclosing which they are fundamentally capable of, but which they have not yet made their own. Schizophrenics are decidedly different from healthy small children: the latter are open only to limited realms of beings as compared to adults. Schizophrenics, however, are constantly pressured by the demands of world-aspects to which they cannot respond in the comparatively free way of relating characteristic of the behavior of normal adults.

While schizophrenic patients remain in an infant-mother relationship with their analysts, all of their schizophrenic symptoms may disappear. They may stop hallucinating and having delusions. Faulty association, autism, lack of emotional rapport, inability to develop transference—none of these may be detected any longer. The reason is that infant-like behavior corresponds to those possibilities of relating which these patients have been able to admit into their own being; it is the admittance of other possibilities, and of the phenomena which they would disclose, which drives them into panic and consequently into psychotic behavior. But the infant-

like behavior of which these patients are capable is displayed (provided the therapist is open to the true nature of these patients) with an intensity of feeling which is the very opposite of an inability to "transfer" feelings. This is what gives Sullivan a right to state (although with an inadequate theoretical formulation and going to the other extreme) that schizophrenics are not only capable of transferring but are indeed capable of nothing else *but* transferring.<sup>8</sup>

It must be repeated, however, that the Daseinsanalytic conception of schizophrenic (and manic-depressive) behavior does not touch upon the question of whether the inhibition of maturing, which is at the root of the "narcissistic neuroses," is constitutional or acquired through inadequate treatment by persons important to the patient. This much can be said, however: the genuine maturing of a patient who is potentially capable of reaching maturity can be initiated only if the therapist meets the patient in a manner appropriate to an encounter with a small child. Even in cases where "cure" (in the sense of adjustment to the world of adults) is not possible, perhaps for constitutional reasons, Daseinsanalytically oriented therapy can often free the patients of painful tensions and "hallucinations." The improvement we observe in cases of this sort may be compared to the recovery of the pancreas in diabetics whose diet is tailored to the capacity of this organ.

<sup>8</sup> See P. Mullahy, ed., *The Contributions of Harry Stack Sullivan, A Symposium*, New York, 1952, p. 105; C. Thompson, *Psychoanalysis: Evolution and Development*, New York, 1950, p. 105.

## The Psychoanalytic "Why?" and the Daseinsanalytic "Why Not?"

The Daseinsanalyst often asks his patients, "Why not?" thereby encouraging them to ever greater tests of daring. "Why is it that you don't dare to behave in such-and-such a manner during the analytic session?" is a question which is often asked in place of the usual analytic "Why?" If the "Why?" comes too early, before the analysand has had sufficient time for acting out, it puts too great demands on him and may worsen his condition instead of improving it. Most patients are caught in a mechanistic, causal-genetic interpretation of themselves. If we ask "Why?" prematurely, they will in most cases understand this to mean that they should look for the cause of their present behavior in an earlier period of their lives. At the same time, we may awaken false hopes in them. They may get the impression that simply finding the presumed cause of suffering (an event in early childhood which "fixated libido" at a specific level of development) will remove the obstacles against getting well. But in the strict sense of the term, no event in the life history of a person can ever be the "cause" of neurotic symptoms. Personal experiences merely initiate inhibitions against fully carrying out all possible interpersonal and interworldly relationships (*cf.* our discussion of transference, pp. 122 ff.).

Any understanding and emotional experiencing of the parents' inadequate behavior which stunted the growth of a patient in his youth, must be complemented by the tirelessly repeated question, Why does he still, this very day, not dare to free himself of the restricting mentality of his childhood? If this most important question is neglected, even in the later phases of therapy, the treatment may easily become sterile and end up with the patient's eternal and stereotyped accusations against his parents.

It is true, of course, that many modern psychotherapists no

longer understand the "Why?" of psychoanalysis as a question intended to elicit causes. Their questioning is actually meant to elicit *illustrations* from the life of the analysand which will make the meaning—not the cause—of his symptoms clearer to him. Nevertheless, even those analysts often demand too much of the analysand; their questioning implies a demand that the patient verbalize a "reasonable," cognitive explanation of his behavior. Such a demand ignores the immature and child-like constitution of a neurotic person; it overburdens him; it touches him only on the surface, by appealing to inauthentic (for him), learned, intellectual modes of relating. The following two illustrations from case histories may serve to emphasize our point.

The author once asked "Why?" in an attempt to enable a patient, a thirty-five-year-old woman, to come to a quick rational understanding of her acting-out. The question was asked at the wrong time; although the worst could eventually be avoided, the question probably added two years to the analysis. What happened was as follows. The patient, after tremendous inner resistance had been overcome, got off the couch and began to kneel on the floor, leaning against the couch. When the analyst asked her why she was doing this, she interpreted his question (as is only too often the case) as a prohibition. In reality, the analyst, faithful to Freud's advice, had intended to transform her acting-out into a memory. The (supposed) meaning of this kneeling gesture was to be understood intellectually and expressed verbally. But the patient was not ready for such expression. Her condition was still comparable to that of a small child; she was still capable of expressing what she wanted to express only in the language of gestures appropriate to a small child.

Her kneeling was not an acting-out of repressed memories at all. She had no memories of kneeling, repressed or otherwise, for the simple reason that her actual relationship to her parents had been of a kind which had never permitted either kneeling or *wanting* to kneel. Actually, her effort to kneel was her first open attempt to make up for what she had never had, a groping plea to be permitted to be a trusting child—a child who may sit at mother's knees and lean her head against them.

If a child kneels against his mother's knees, he usually does not talk, much less explain what he is doing. The only adequate expres-

sion of the relationship is through gestures, possibly accompanied by inarticulate sounds of pleasure. Conceptually articulated thinking and talking about the experience must necessarily destroy the validity of the experience. If he asks this of a patient, the analyst drives him into artificial adulthood, where true maturation and recovery becomes impossible.

At this point in the course of the woman's analysis, everything depended on whether she would be permitted to experience an undisturbed, trusting mother-child relationship. Within the framework of such a relationship, the patient should have been given permission to kneel in the analyst's presence for some time to come. The author realized only much later how inadequate his questions were. He had interfered with, rather than abetted, her recovery. When he first noticed her intention to kneel, he should not have asked, "Why?" If anything, he might have ventured to ask, "Why not?" thereby encouraging her. Only such encouragement on the part of the analyst would have induced the patient to follow Freud's basic rule to state everything that comes to mind. Her kneeling—a way of talking in the language she had mastered—would have been compliance with Freud's rule.

More than two years were required before the resistance aroused by the analyst's misplaced question was overcome and new trust established, creating the condition for the emergence of world-relations which the patient had defended herself against up until then. The main cause of this resistance was not fear of hitherto rejected possibilities of living. Nor was it fear of greater freedom; she had no desire to adhere to familiar, albeit painful, behavior patterns. Nor were the two years of fruitless complaints by the patient due to a masochistic "repetition compulsion" arising from the unconscious. This resistance was strictly of the analyst's making. It had been released by his misunderstanding of the patient's infantile longing for trust. He had overtaxed her. He had demanded that she understand her longing as an adult would (namely, on an intellectual level), while at this stage of her development only a silent gesture could genuinely carry out what she felt and what she was.

In another case, that of a male analysand, the author questioned even Freud's sacrosanct basic rule by asking, "Why not?" A compulsive patient, a physician, interpreted this rule—to tell all that comes to mind—as a confirmation of his conception of life as inces-

sant slavery. Much too late (two years after the start of analysis), the analyst asked the analysand (who was, as usual, pedantically and conscientiously torturing himself to be sure to say everything) why he did not permit himself for once to *not* say everything? Only then did the patient dare, little by little, to relax the laws within which his existence was encased. Eventually, he felt as comfortable in breaking commands in the analytic situation as a child feels in his soft bed. This was the turning point in an analysis which had seemed hopeless until then.

Breaking the basic rule of psychoanalysis seems to imply exorbitant freedom. Nonetheless, this patient underwent the supreme frustration in Freud's sense, although it was frustration of a specific kind. The question "Why not?" frustrated his persistence within his usual, compulsive behavior patterns. The patient himself stated that this frustrating permissiveness (or permissive frustration) had "shaken his world." It had pulled the rug out from under all the world-relations he had hitherto known. Later, the same "Why not?" shook his world in another fashion. It became a healing factor. It gave him, for the first time, an opportunity to be a small child who did not have to be or do anything in particular. After he had overcome the fear of going insane, he was able to move into a freer relationship to the world and finally to achieve maturity as a free and candid self.

## Frustration and Permissiveness in the Light of Daseinsanalysis

One may well ask how our championing of acting-out can be squared with Freud's emphatic requirement that the analytic cure be carried out in an atmosphere of frustration. Is an analysis carried out according to the principles we have enumerated still "*psychoanalysis*"? We believe it is; we believe that an analysis in which transference and acting-out are handled in the ways we have indicated is more in accord with the spirit of genuine psychoanalysis than one based on the current conceptions of these phenomena. Daseinsanalysis permits "ego" to replace "id" in a more comprehensive manner, because the analysand is enabled to become "more conscious," in the sense that he can fully take over all the possibilities of living that are his. Furthermore, the term "frustration" itself is questionable. How can frustration in psychoanalysis be distinguished from permissiveness? What may be frustration of some activities of a patient may well be permissiveness in regard to other modes of his behavior. Analysis demands of the analyst that he be there for the analysand for years, sometimes day after day, and always reliable, benevolent, tactful, and concentrated. Does all this amount to frustration? Is it not, rather, the greatest possible permissiveness? Is it not truer to say that the analyst permits the analysand devotion, support, and help in an amount that few people ever receive outside of psychoanalysis? It is this imperturbable, loving devotion on the part of the analyst which arouses an equally imperturbable trust in the analysand. This trust is the phenomenon which supports the possibility of genuine cure. Only on this basis can the patient's ability to love come to the fore; only from here can it be extended to ever-growing realms. The analyst's unflagging devotion and the patient's trust, which is its answer, are therefore the conditions for liberation from neurotic bondage. We

will, however, look in vain for this most important therapeutic *agens* in Freud's works. His objectifying, mechanistic theory of instincts does not even have a term for it, because devotion and trust lie beyond its borders.

Even what Freud terms frustration is, nevertheless, permissiveness. The analyst's refusal to give in to the patient's neurotic demands amounts to the preservation of an open realm for all possible manners of relating which are yet to come. This is the reason why the therapist must withstand all short-circuiting modes of behavior on the analysand's part. If the analyst makes the mistake of permitting the analysand to admit modes of behavior below the level the patient is capable of, he soon learns that this is anything but permissiveness. Such pseudo-permissiveness regularly elicits deep hatred of the analyst on the part of the patient. **F o r** such permissiveness does not contribute to the patient's maturing but, on the contrary, denies and frustrates the unfolding of the patient's existence. Actually, then, such pseudo-permissiveness amounts to the most severe frustration. Therefore, we must require that analysis be carried out, not in an atmosphere of frustration, but rather in an attitude of *genuine* permissiveness. It must, however, be a permissiveness which opens up the realm of the patient's true human freedom, a permissiveness which enables the patient to unfold all his world-disclosing possibilities of relating toward the particular beings which he encounters, and to permit them to come into their being within the luminating sphere of his *Dasein*. Naturally, such permissiveness definitely includes (so far as is bearable for the patient) frustration of his old, limiting, neurotic patterns of behavior.

Consequently, it would also be a complete misunderstanding of permissiveness if an analyst were to encourage an unstable, instinct-driven psychopath to continue to act out his customary open aggressiveness or his hypersexual lasciviousness. If such a patient is a so-called neurotic psychopath, a genuine permissiveness would consist in reducing his aggressiveness as much as possible by asking him what he actually tries to hide behind this behavior—why, for instance, he seems to be so afraid of, and does not dare show, his feelings of sympathy and true, affectionate love. If the patient is a so-called constitutionally unstable psychopath, the analyst would have to completely abstain from "analyzing." His task would be to replace the non-existent boundaries of such an existence by

prosthetic, disciplinary measures, helping the patient in this way to live as humanly as possible.

Freud successfully defended psychoanalysis against another dangerous misunderstanding of genuine permissiveness when he rejected the defamatory insinuation that he attempted to cure his patients by allowing them to live out all their instincts and impulses. The healing factor in psychoanalysis can never consist in such "living out," but consists, rather, in an increasing appropriation of all of one's life-possibilities as *possibilities*. Unless a human being has become aware of and acknowledged as his own all his possibilities of relating to what he encounters (whether they please him or his fellow men or not), no true self-knowledge, no authentic responsibility, is possible. The actual carrying out of these possibilities in one's relations toward partners outside the analytic situation, however, is—as must be made very clear to analysands—a completely different question, and must be in accord with the most productive unfolding of a patient's whole existence, including the welfare of those whom he encounters. Therefore, all of our "Why not" questions must aim at this therapeutic goal, and never at the encouragement of a reckless "living out."

## Daseinsanalytic Handling of "Countertransference"

Although Freud was able to use the transference relationship as a psychotherapeutic tool, he steadfastly held the opinion (in his scientific works) that all feelings of sympathy and antipathy on the part of the analyst must necessarily be detrimental to the analytic cure. For this reason the analyst must master such feelings through his own analysis. An example of Freud's opinion in the matter is the following passage, published in 1910: "We have become aware of the 'counter-transference', which arises [in the physician] as a result of the patient's influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize this counter-transference in himself and overcome it." Consequently Freud advised analysts to put aside all feelings and pattern themselves after the coldness of a surgeon. The result of Freud's advice was that analysts began to regard the so-called countertransference as one of the greatest dangers to an analysis and to fear its occurrence.

However, all those lucky enough to work analytically under Freud's own guidance made the discovery that the master himself by no means followed his own instructions pedantically. The poet H. D., for instance, writes as follows:

The Professor himself is uncanonical enough; he is beating with his hand, with his fist, on the headpiece of the old-fashioned horsehair sofa that had heard more secrets than the confession box of any popular Roman Catholic father-confessor in his heyday. This was the homely historical instrument of the original scheme of psychotherapy, of psychoanalysis, the science of the unravelling of the tangled skeins of the unconscious mind and the healing implicit in the process. *Consciously*, I was not aware of having said anything that might account for the Professor's outburst. And

<sup>1</sup> S. Freud, "The Future Prospects of Psycho-Analytic Therapy," in *SE*, Vol. XI, pp. 144-145.

even as I veered around, facing him, my mind was detached enough to wonder if this was some idea of *his* for speeding up the analytic content or redirecting the flow of associated images. The Professor said, "The trouble is—I am an old man—*you do not think it worth your while to love me.*"

Freud's personal letters to his friends also contain remarks concerning countertransference which show that he retained a greater freedom of thought than his collected works would indicate. Thus Freud writes to Ferenczi in 1910, "I am not the psycho-analytical superman that you constructed in your imagination, nor have I overcome the counter-transference."<sup>3</sup> Even more revealing is the following passage from a letter to Ludwig Binswanger in 1913:

[The problem of countertransference] is one of the most difficult ones technically in psychoanalysis. I regard it as more easily solvable on the theoretical level. What is given to the patient should indeed never be a spontaneous affect, but always consciously allotted, and then more or less of it as the need may arise. Occasionally a great deal, but never from one's own Ucs. This I should recognize as the formula. In other words, one must always recognize one's counter-transference and rise above it; only then is one free oneself. To give someone too little because one loves him too much is being unjust to the patient and a technical error. All this is not easy, and perhaps possible only if one is older.<sup>4</sup>

The Daseinsanalytic understanding of man agrees with these words as completely as it disagrees with Freud's previously mentioned demand that the analyst be cold and dispassionate. Why did Freud contradict himself so thoroughly on such an important issue? Why was he so ambivalent? Besides the positive motive mentioned earlier (see pp. 73-74) it appears that his plea for an affect-less attitude was based on a neurotic need to defend and protect himself. Freud's conflicting statements remind us of those we hear from patients who use the well-known defense mechanisms of isolation and intellectualization. We know that these particular defenses are among those most resistant to cure. The root of Freud's confusion seems to be his identification of affectional coldness (which he demands of the analyst) with the absence of countertransference.

The Daseinsanalytic objections to Freud's explanation of the so-

<sup>2</sup> H. D., *Tribute to Freud*, New York, 1956, p. 21.

<sup>3</sup> E. Jones, *The Life and Work of Sigmund Freud*, Vol. 11, New York, 1955, p. 83.

<sup>4</sup> L. Binswanger, *Sigmund Freud: Reminiscences of a Friendship*, New York and London, 1957, p. 50. Trans. by Norbert Guterman.

called countertransference phenomena are the same as those to his explanation of the transference phenomena. In each case criticism centers on the very notion of the "transfer" of an affect from persons encountered in childhood to the partner in the psychoanalytic situation. We must emphasize again that all relationships of the analyst to the analysand are autonomous interpersonal phenomena directed totally and exclusively to this particular partner. It is, of course, quite possible that the analyst, because he is caught in neurotic entanglements of his own, is not fully capable of relationships to his patients which correspond to their essential requirements. His manner of relating may even have become so severely restricted by his own childhood experiences that it is impossible from the outset for him to free his patient through analysis. However, the fact that a man's freedom for being together with another is curtailed does not in the least justify the assumption that these deformed relationships—just because they originated in childhood—are not really relationships to the present partner. A man whose leg was broken in a car accident when he was eight, who has been crippled ever since and bears on his leg the imprint of the automobile that hit him, may limp in exactly the same way as he has limped since the accident. But it would be absurd to claim that the limp is "directed" at the driver responsible for the accident.

At any rate, we believe that the cold, mirror-like attitude recommended by Freud is itself an inadequate and restricted relationship, at least insofar as it ignores the patient's own unique selfhood. It, too, creates anything but the therapeutically effective atmosphere necessary for psychoanalysis. This kind of relationship to the patient has two sources: the attempt to achieve a scientific objectivity which permits the observer to exclude his own influences on the observed, and the authoritarian claim of infallibility and demand for unquestioning obedience which parents in Freud's time still considered the proper attitude toward children.

No wonder, then, that patients who never received sufficient warmth at home, and are trying to make up for what they missed, feel unbearably frustrated by the analyst's "surgical" attitude toward them. Often such frustration leads them to reduce all their interpersonal claims on the analyst to crassly sexual demands. Frustration of this sort may even drive patients progressively further into sexual acting-out; it is most likely to occur if the analyst, because he protects himself too much, or because he is not free so

far as his own sensuality is concerned, withholds from patients the protective care they so desperately need. Again and again young analysts report that patients make intensive erotic demands on them. The training analyst then suggests that they should give up their rigorously correct role as a mirror and let the patients feel their natural concern, that they should reveal more openly their sympathy and antipathy. Whenever a young analyst follows such counsel, the compulsive erotic demands on him cease.

If the analyst is aware of this problem, he will not mistake the erotic demands of female patients for those of mature women either, in spite of the fact that such demands often appear in the guise of a seemingly grown-up sexuality. He will recognize that they arise from a child-like longing to be loved and cared for as a small daughter. If those patients realize that the analyst understands their true nature, their oversexualized transference usually disappears quickly, even though they may at first rebel violently against acknowledging and accepting the fact that they are still fundamentally small children. All patients who are mature enough for genuine sexual relations find possibilities outside of the analytic situation for relating in this way. Hence the analyst's yielding to sexual relations with patients could never be more than a pseudo-permissiveness which would hinder the unfolding of the patient's whole self. To permit acting-out of previously non-admitted, infantile, pre-sexual manners of behaving is another matter. A person who is outwardly grown-up has no chance, outside of the analytic situation, to let such modes of behavior come forth, to let them grow, and to make them his own.

Every kind of analytic permissiveness, however, presupposes the correct handling of so-called countertransference. First of all, the analyst must realize that there can be no psychoanalysis without an existential bond between the analyst and the analysand. Analysis without countertransference is an illusion in a double sense. An emotional relationship with the analysand can never be avoided by the analyst; it can only be denied by him. (The objectifying attitude of indifference is itself a mode of emotional relating.) Second, "countertransference" is not transference at all, but a genuine emotional interhuman relationship between the analyst and his patient, distorted as it may be.

The adequate human relation between the analyst and his patient, wrongly called countertransference, presupposes in turn that the

analyst himself has matured into the freedom of selfless concern for his patients. This includes full awareness of the true meaning of every permissive and frustrating action he undertakes in regard to the analysand's genuine maturing. It also includes a free relation of the analyst toward his own sensuality and his egotism. It means that the analyst has all his own sensual and egotistical tendencies at his free disposal and can keep them from interfering secretly or openly with his genuine concern and selfless love for the patient. In short, the analyst should be able to play the selfless role of the eighteenth camel of the ancient Arab legend. Here an old father is on his death bed. He calls in his three sons and bequeaths all his worldly goods—seventeen camels—to them. The eldest son is to have one-half of these, the second one-third, and the third one-ninth. The father closes his eyes forever. The sons are at a complete loss. Eventually they find a man who is as wise as he is poor. His only property is one camel. The three sons ask him for his help in solving the seemingly insoluble problem of dividing the heritage. The wise man merely adds his own camel to those of the father, and the division immediately becomes childishly simple. The eldest son gets half of eighteen camels, namely nine; the second one-third, namely six; the youngest one-ninth, or two. But lo and behold, nine and six and two make seventeen, the original heritage. The eighteenth camel of the wise man has departed of its own; it is no longer necessary, although temporarily it had been essential.

Psychotherapists would perhaps be wise to do away altogether with the misleading term "countertransference" and to replace it with the term "psychotherapeutic eros." This "psychotherapeutic eros" is different from the love of parents for their children, different from the love between two friends, different from the love of the priest for his flock, decidedly different from the extremely variable love between the sexes, and different from the matter-of-fact indifference of purely conventional kindness. Genuine psychotherapeutic eros, in other words, must be an otherwise never-practiced selflessness, self-restraint, and reverence before the partner's existence and uniqueness. These qualities must not be shaken or perturbed by cooperative, indifferent, or hostile behavior on the part of

<sup>1</sup> This term has also been suggested independently of the author by A. Seguin, whose papers on this subject are of paramount importance for a more adequate psychoanalytic theory. See A. Seguin, "Love and Psychotherapeutic Eros," *Acta Psychotherapeutica et Psychosomatica*, Vol. X, 1962.



the patient. Psychotherapeutic eros must go beyond even Christian humility in its selflessness, its modesty, and its triumph over egotism, in that it must not intervene even in the interest of the therapist's own God to seek to guide the partner's life.

If the analyst lacks the maturity we described, he will do less harm, it is true, if he sticks to Freud's classical technique of being only a mirror. But a genuinely mature analyst will be able to analyze his patients in the exemplary way in which a certain hermit of the Himalayas cared for the flowers of his small garden. When praised for the extraordinary beauty of that little piece of ground, he simply remarked that he permitted the flowers to unfold into their full blossoming—not for his own sake and aesthetic pleasure, but only for the delight of his God. Patients with whom an analyst is not capable of relating in this way, to some extent at least, should better be sent to another analyst.

Such genuine maturity is difficult to attain. The author himself has more than once been forced to admit that he was not ready to open himself to an analysand sufficiently to be able to live up to the Daseinsanalytic demands made upon him. Whenever he found himself in this situation, he referred the patient to another analyst who was capable of meeting the demands of the patient. Invariably the patient improved in an amazingly short time with the new therapist.

## The Therapeutic Use of Daseinsanalytic Dream Interpretation

The fundamental difference between Daseinsanalysis and the psychoanalytic theory is perhaps nowhere more apparent than in the understanding of dreams. The discrepancy between the two approaches is bound to have far-reaching consequences for the therapeutic handling of dreams—so far-reaching, in fact, that Daseinsanalytic dream interpretation requires separate and comprehensive elaboration; the reader is referred to the author's *Analysis of Dreams*.<sup>1</sup> Occasionally, however, we have made use of Daseinsanalytic dream analysis in some sections of the present work. For this reason, it may be helpful to recapitulate here the main features of the Daseinsanalytic approach to dream phenomena and its therapeutic impact.

We have no right to judge the dreaming state of human existence by the standards of the waking state. It is an unwarranted judgment from outside the phenomena in question to devalue the dream world to mere "images" or "mental pictures" within a psyche. Nor should we isolate the experiences of our dreaming state, abstracting them into discrete things which are *had* or made by man. Thus the phrase "I have had a dream" is, strictly speaking, a grave mutilation of the facts. We *have* no dreams; we *are* our dreaming state, in that we exist in the ways of our dreamed behavior toward the world as much as in our waking behavior. In other words, we must consider the dreaming state as an equally autonomous and "real," although different, way of behaving and of relating to what is shining forth in the light of *Dasein*.

Consequently, the Daseinsanalyst lets the phenomena of his patient's dream world speak directly to him, and has no need for

<sup>1</sup> New York, 1958.

the complicated mechanisms of a hypothetical, disguising "dream work." To him, dream phenomena are therefore always just what they are as they shine forth; they are an uncovering, an unveiling, and never a covering up or a veiling of psychic content.

Because the Daseinsanalyst recognizes being-in-the-dream-world as one of the autonomous ways of man's existence, he treats the dream behavior of the patient in exactly the same way that he treats his waking world-relationships. This means that he submits the patient's dreamed ways of behaving and perceiving to a strict "analysis of resistance." He focuses his whole therapeutic handling of the dreams on questioning the assumed necessity of the barriers of anxiety, shame, and distaste which are in one way or another restricting the dreamer's free relationships within his dream world.

Daseinsanalysis agrees with psychoanalytic experience that those realms of the human world which find admittance into the light of the dreaming *Dasein* are those a human being has not become aware of in his waking state, at least not adequately and fully. It is this fact which gives dream phenomena their immense value, which we cannot deny just because the old psychoanalytic dream theory seems increasingly inadequate. A few practical examples may help to clarify the characteristics of the Daseinsanalytic use of dreams in psychotherapy.

1. A man, aged twenty-eight, dreams that he is visiting the zoo in his home town, where there are especially fine, large tigers and lions. The director of the zoo joins the dreamer and proceeds to open the heavy gate of the cage; he enters, and feeds the animals with very large chunks of raw meat. The animals become excited. The dreamer becomes increasingly terrified when he realizes that the director has left the gate open and that the seemingly solid iron bars of the cage are not made of iron at all but only of ice. Because the sun had broken through the clouds when the director arrived, the fence of ice is melting rapidly. The dreamer runs away as fast as he can and awakens out of breath.

Certainly, this is a very common dream. Freud discussed similar dreams, both in the fashion which C. G. Jung later called interpretation on the "objective" level and in a so-called "subjective" way. But the only thing we are justified in saying about this dream experience is that something alive—presenting itself in the phenomena of the tigers and lions—which has been safely imprisoned is now running after the dreamer, threatening to destroy him, to devour

him. The Daseinsanalyst's first question was, "Must you really be so afraid of the tigers and lions? Couldn't you make friends with them?"

Instantly the dreamer retorted, "You, too, I am sure, would be terrified in such a situation."

The analyst's reply was, "The real question is, why can the essence of nature's vitality shine forth to you only through dangerous, wild animals in your dream? Perhaps it is your anxiety about this vitality which limits your existence to the admittance of vitality's dangerous and aggressive features. Of all the possible natural and vital phenomena, only lions and tigers could appear in your dream, because the nature of their particular being alone corresponds to the anxious restriction of your *Daseins* openness. A fearless and free man might have encountered the essence of nature's vitality in a dream of a joyful encounter with his sweetheart, in which he embraced her wholeheartedly."

In this way the analyst remained with the immediately given phenomena of the dreamer's world. Any further interpretation in regard to the wild animals of this dream would have been an unwarranted and arbitrary imposition on their genuine phenomenological meaning. The traditional psychoanalytic "subjective" dream interpretation would probably say that the dreamer's drives and "animal" instincts were projected out of his "psyche" onto a hallucinatory external world and were experienced as external perceptions. Advocates of this theory, however, can never justify their assertion that the lions actually "represent" the dreamer's own impulses. Nor will the nature and the process of such a psychic projection ever become intelligible and demonstrable (see pp. 125 ff.).

Most analysts would assert, too, that this dream was a clear-cut "transference dream" especially if they were informed that the zoo director resembled the analyst somewhat in stature. This again would be a completely unwarranted assumption. Nothing whatever justifies declaring that the zoo director actually "means" or "signifies" the doctor. It is true that this patient would probably not have had this dream if he had not already been in analysis for some time. The zoo director, however, refers to the analyst only insofar as the dreamer's existence had already opened up to some extent through the liberating influence of the analyst-analysand relationship. This greater openness of the patient's existence makes pos-

sible the appearance of the zoo director; the appearance of the director indicates the dreamer's awareness of the possibility of a fearless, free relationship with even the most vital phenomena of the world. Simply to *see* another man's fearless relationship with wild animals is of course a long way from being open to the extent that nature's vitality can shine forth in one's own fearless ways of handling the respective phenomena of the human world. Daseinsanalysis was able to lead this patient to the point where he could relate freely, fearlessly, and wholeheartedly to all the phenomena of man's vital erotic and sexual world as well. Nothing, however, was transferred from the analyst to the zoo director of the dream. This man remains the zoo director, with his own features. Nor would anything justify the interpretation of the dream director as the symbolic representation or personification of the dreamer's own hidden grown-up psychic capacities.

However incorrect and arbitrary such a subjectivistic interpretation may be, "scientifically" speaking (in this term's genuine and original meaning; see p. 29), it need not prove to be devoid of all practical, therapeutic effect. In some cases such a distorted explanation of a dream may even be unavoidable at first, as long as a patient is himself still rigidly caught in this traditional understanding of man. It is essential to enter a patient's world through the "language" which he himself is speaking. Often enough the truth may shine forth to some extent into the patients' awareness even through such a veiled, subjectivistic interpretation.

2. A thirty-year-old man dreamed of seeing his brother's corpse lying in a coffin. The funeral is soon to take place. The brother has been killed in an auto accident on the eve of his wedding. Somehow, the dreamer has been involved in the traffic in which this accident occurred. He is extremely sad at this loss of his favorite brother, the one to whom he has always felt closest.

Current dream interpretations on the "objective level" would probably assert that this dream betrayed hidden death wishes against the brother. Again, Daseinsanalysis would have to ask how on earth such an assumption could be justified. Not the smallest feature of this dream experience actually speaks of any death wish. On the contrary, the dreamer feels genuinely sad about his brother's death. It is irresponsible arbitrariness to call this sadness a disguising transformation of aggressive death wishes into their opposite. To give such a fantastic interpretation to the patient would be a

disastrous therapeutic mistake as well. Accusing this dreamer of hidden death wishes against his brother would overburden him by evoking completely unjustified pangs of bad conscience. The practical result would be the opposite of therapeutic liberation, an emotional withdrawal and closing up. If resistance against the analyst ensues, it will not be a resistance which can be analyzed away. It will be fully justified, and will stop any further psychoanalytic progress if it does not altogether halt the psychoanalysis.

On the so-called subjective level of dream interpretation the brother would be "identified" as the projected representation of the dreamer's own potentialities for loving, which had been killed. In his waking state this man was, in fact, on the brink of completely killing his humanity—his heart—in the "traffic" of his overwhelming, intellectual, rational, egotistical business life. He suffered from sexual impotence and emotional depersonalization. Nevertheless, all assertions that the brother of the dream was "only" a projected symbol of psychic content are false. What actually happened in this man's world while he existed in the dreaming state was nothing but the death of a beloved brother in a traffic accident on the eve of his wedding day and the deep depression which the dreamer felt after this loss. This occurrence shows us, simply and clearly, that the patient's existence was tuned down and closed in to an extreme degree. Even in the dreaming state he was open only to the disclosure of the meaning of dying in a world of reckless business traffic, even in regard to that being who was closest to him and whom he had originally been capable of loving.

The first therapeutic use of this dream experience, therefore, had to consist in drawing the patient's attention to this state of affairs by these same words. The next therapeutic action was to pose the one legitimate question prompted by the dream: "What" we asked him, "might have brought about such an enormous restriction of your existence's openness that the meaning of dying alone determines your whole dream world?" Very soon the patient understood that this existential reduction had to do with his being completely caught in, and absorbed by, the purely technical, heartless "traffic" of his waking and his dreaming life. At the same time, he became aware of the possibilities of other, wider, and more human ways of relating to the world. The simple exposition of the immediately given meaning of his dream proved to be very helpful

to the patient. Not long afterward the dead brother began to come alive again in the patient's dream world.

3. A twenty-year-old woman dreamed that she was sitting in a perambulator. She was still a small child in the dream, although the pram had already become somewhat too small for her. A young, healthy nurse, about twenty years old, was pushing the pram up a hill. The nurse asked the dreamer to get out of the pram and to walk on her own feet. The dreamer refused, kicking and screaming. The nurse took the dreamer out of the pram, cut off her head and her limbs, buried the parts in the ground, and walked off. At this point the dreamer awoke in terror.

To explain this dream as revealing severe masochistic tendencies would have been artificial and arbitrary. Nothing in the immediately given dream refers to masochistic behavior. Nothing would have been gained therapeutically, either, by the analyst's attempt to point out hidden masochism. On the contrary, such an arbitrary explanation would have greatly impaired the therapeutic situation. At best, it would have led to the endless juggling of theoretical conceptions and psychoanalytic formulas by which patients usually defend themselves against the greater harm being done them by such unwarranted and destructive interpretations.

In this dream experience, the patient became aware of the unavoidable burial of her childish way of existing. In everybody's development, the child's world must die and give way to ever more grown-up ways of behavior. The terror which finally awakened this dreamer shows only too clearly her attitude of panic toward growing up.

A Daseinsanalyst would use this dream therapeutically by first pointing out to the dreamer her terror of growing up and walking on her own two feet. Secondly he would reassure her, by correcting the grave mistake in her self-interpretation, by showing her that she is no longer only a small child. Already she has opened her existence to an understanding of mature womanliness, if only by being able to recognize a healthy nurse and to understand her as such. The death of her child's world, therefore, cannot possibly mean the total annihilation of her existence. Therefore, would it really be such a tragedy if her childish way of existing were to be superseded by her opening up to a wider and more mature world, including the awareness and understanding of grown-up womanliness? The understanding of this grown-up feature of human exist-

ence, which occurs in this dream in the patient's seeing and recognizing another grown-up woman *as* a grown-up, healthy woman, is the first step toward full appropriation of any mature womanly relationships to her own self-being and carrying them out responsibly in her dreaming as well as her waking life. Again, it would be entirely arbitrary, speculative, and unnecessary to call the nurse in this dream a "hallucinatory projection" of so-called personified subjective psychic functions out of an assumed unconscious of the dreamer. We do justice to the immediate experience of our dreamer only if we accept the nurse as the nurse she showed herself to be, with all the meaningful world-references which constitute such a woman's existence.

4. Very tricky explanations are given of the frequent dreams about teeth. One thirty-five-year-old woman dreamed that one of her front teeth had fallen out. At first she was very sad. Soon, however, she knew that another tooth, stronger and more beautiful, would grow in its stead. At the end of the dream she felt very happy.

More often, however, dreams in which teeth get lost leave the dreamer unhappy, even terror-stricken. Happy and unhappy dreams about losing one's teeth seem to be equally difficult to understand if only the current dream theories are applied. Instead of discussing the highly artificial explanations of these dreams by Freud, for instance (who felt they were closely connected to masturbation<sup>3</sup>), and by other psychoanalytic theorists, we simply ask about the immediately given meaning of our teeth. Our teeth undoubtedly belong to the world-relationship of catching hold of, of grasping, of seizing something. It is not only our physical food that is grasped and caught hold of. We also grasp the mental content of what we encounter, in the sense of understanding and comprehending it, in order to catch hold of our world.

Through the experience of losing a tooth in the dreaming state a person perceives the meaning of giving up hitherto used means of grasping the world, in any sense of this term. Therefore, this kind of dream often occurs at the point during an analysis when a patient is changing from his old way of looking at the world to new conceptions about it. In short, dreams about losing teeth can be said to belong to the context of a changing *Weltanschauung*. It is not

<sup>3</sup> S. Freud, *The Interpretation of Dreams*, in SE, Vol. V, pp. 385, 388.

surprising that sometimes the loss of the old, well-known frame of reference is first experienced as a catastrophic end of the world. If more adequate, freer ways of relating to the world are already in sight for such a dreamer, the same occurrence may be welcomed joyfully, as was true in our example.

## 19

### Further Daseinsanalytic Corrections in Therapy: The Analysis of "Guilt Feeling's" and the Goal of Psychotherapy

Daseinsanalytic insights into human being demand another essential correction in therapy. Here the *goal* requires correction. Freud assumed man's original nature to be that of a pleasure-ego, bent solely on satisfying the sexual instinct and preserving itself. He believed that early man, primitive man, and children exemplified the more or less unadulterated, primary, guiltless "naturalness" of man—a naturalness obligated only to the "pleasure principle." Modification of the pleasure principle is forced on man by the external world; but this modification, called the "reality principle," is secondary, according to Freud. It occurs because the individual would perish (and thus be unable to have *any* kind of satisfaction) if he did not take the given realities of the external world into consideration. Part of this adaptation to external reality is the child's acceptance of the moral demands his parents make on him. Eventually, the superior force of external reality results in the child's psychic incorporation of these and other demands and prohibitions which originally came from outside. The end product is Freud's "super-ego," or conscience. Once the super-ego has been formed, it becomes a source of guilt feelings. Hence, man experiences feelings of guilt every time he violates, or intends to violate, one of the commandments which have been drilled into him. Characteristically enough, Freud in all his papers never spoke of *guilt* as such, but only of guilt *feelings*. Consistent with such theories, Freud expected psychoanalysis to liberate the patient from neurotic serfdom and allow him to return to his "original natural-

ness." Here he would no longer be hemmed in by feelings of guilt, but would be guaranteed the capacity for *guiltless* enjoyment.<sup>1</sup>

In contrast to Freud, Daseinsanalysis acknowledges more than guilt *feelings*, certainly more than the secondary, externally determined ones which can be removed by psychoanalysis. In the view of analysis of *Dasein*, man is *primarily* guilty. His primary guilt starts at birth. For it is then that he begins to be in debt to his *Dasein*, insofar as carrying out all the possibilities for living of which he is capable is concerned. Throughout his life, man remains guilty in this sense, i.e., indebted to all the requests that his future keeps in store for him until he breathes his last. Also, as we have pointed out, every act, every decision, every choice, involves the rejection of all the other possibilities which also belong to a human being at a given moment. For man can engage his existence in only one of the myriads of his possible relationships at a time. In this twofold sense, he must always remain behind, so to speak. This is as much a part of fundamental human nature as the other *existentialia* (cf. pp. 40 ff.). Man's existential guilt consists in his failing to carry out the mandate to fulfill all his possibilities. Man is aware of existential guilt when he hears the never-ending call of his conscience. This essential, inevitable being-in-debt is *guilt*, and not merely a subjective *feeling* of guilt. It precedes all psychologically understandable feelings of guilt, no matter what neurotic guise these may appear in. Because of existential being-in-debt (experienced as guilt), even the most skillfully conducted psychoanalysis cannot free man of guilt. Actually, not a single analysand could be found in the whole world who has been transformed into a really guiltless person by psychoanalytic treatment. The most—and the worst—an analysis can accomplish in this regard is to deafen a patient to his pangs of conscience, and this is not to his advantage. The ideally new man, liberated from guilt by psychoanalysis, is an antiquated myth: charming and beautiful but, alas, incapable of realization.<sup>2</sup>

Psychoanalysis, however, can accomplish something else. It can

<sup>1</sup> For Freud's views regarding the topics alluded to in this paragraph, see, for example, *New Introductory Lectures in Psycho-Analysis*, New York, 1933, pp. 89, 112, 223, trans. by W. J. H. Sprott; *The Ego and the Id*, London, 1957, pp. 47-50, trans. by Joan Riviere; *Totem and Taboo*, in *SE*, Vol. XIII, pp. 68, 144.

<sup>2</sup> See M. Boss, "Anxiety, Guilt, and Psychotherapeutic Liberation," *Review of Existential Psychology and Psychiatry*, Vol. II, 1962.

elucidate the past, present, and future of a patient's life to the point where he becomes thoroughly aware of his existential being-in-debt. This in turn enables him to acknowledge his debt, to say "yes" to it and take it upon himself. He becomes aware of his possibilities for living through listening to the call of his conscience; he can take them over responsibly, stand by himself, and thus make them part of himself.

Once a person has been freed for his essential and existential being-in-debt, he no longer experiences *neurotic* feelings of guilt. These latter did not originate in himself, but derive from a foreign and crippling mentality which his educators forced upon him. He had fallen prey to modes of life which were alien to him, but he could not shake them off. Such neurotic feelings of guilt continually increase existential guilt as well, since they result in a steadily increasing debt in regard to a fulfillment of one's own existence. As a result, the call of conscience becomes increasingly persistent. But the patient, caught in acquired moralistic concepts, misunderstands this voice as a demand to follow ever more rigidly a mode of living essentially foreign to himself. A vicious circle results. Only analysis can break its spell.

If a patient reaches the goal of Daseinsanalysis, that is, if he freely accepts his debt to his existence, he reaches at the same time the goal Freud had in mind—full capacity for work and enjoyment. But he will no longer use these capacities in the service of egotistic, power—or pleasure—tendencies. Rather he will let all his possibilities of relating to the world be used as the luminated realm into which all he encounters may come to its full emergence, into its genuine being, and unfold in its meaning to the fullest possible extent. Man's option to respond to this claim or to choose not to do so seems to be the very core of human freedom. Once this kind of basic freedom is reached, the former burdens of a bad conscience and of guilt feelings give way without further ado to a happy readiness for being thus needed by the phenomena of our world (cf. pp. 47 ff.).

At the same time as this Daseinsanalytic understanding of man's existence reveals its deep and inexhaustible meaningfulness, it is also able to define man's basic morality. Mankind's ethics becomes self-evident on the basis of such an understanding of man's essence. No so-called ethical values need be added *a posteriori*.

In the next, and final, chapter a patient of ours articulates in his

own language his maturing into this kind of essential human freedom. His statements may be of even greater concern to psychotherapists and psychoanalysts because of the fact that he was suffering from that neurosis which seems to be emerging as the specific and most frequent illness of our time—what may appropriately be called "a modern neurosis of dullness or boredom."

## 20

### Daseinsanalytically Modified Treatment of a Modern Neurosis of Dullness and the Patients Comments on the Modifications

The patient was a physician, aged thirty-two, of good middle-class background, single, and the adherent of no particular religious faith. The account of his life revealed that, as far back as he could remember, the patient had been dogged by severe and unremitting feelings of guilt which had made his whole existence a continuous succession of self-punitive and self-destructive acts. He had already undergone, from his twenty-fifth to twenty-eighth year, a four-hundred-and-twenty-hour comprehensive analysis, which the therapist had endeavored to conduct entirely in the spirit of the original orthodox theory of Freud. His so-called free associations and his dreams in the course of this first therapy led the patient to an ever more self-evident conviction of a crass Oedipus and castration complex.

He had often dreamed of a sensual relationship with a maternal figure, several times with his actual mother. Each time a punishment ensued, at the hands of a paternal dream figure aiming at the utterly wanton destruction of typical, wholly phallic symbols. Neither the dreamer nor the analyst could avoid the conviction that the self-destructive actions of his waking life merely served to materialize his intent to mollify his guilt feelings and his castration anxiety. Amid the multiplicity of possible phallic symbols, the choice gradually narrowed more and more exclusively to church towers, especially those of high Gothic style. Once, for example, the dreamer found himself on the ground floor of a church tower of this sort, where an old man who bore the unmistakable features

Translated by Elsa Lehman, M.D.

of his former anatomy instructor, wielding a curious, enormous, knife-like instrument, struck at the foundations of the tower in an effort to demolish it and to bury the dreamer in the rubble. The instrument resembled an incredible enlargement of just the sort of dissecting scalpel that the dreamer had used in the first semester of his medical studies.

Although the patient, through the cautious references of the analyst, learned to see a penis symbol in this sort of dream church tower, and to recognize in the anatomy instructor his castrating father in symbolic disguise, nothing changed during the three-year analysis, in either the dreary monotony of his dream life, the stereotyped character of his waking life, or the chronically morose climate of his state of mind.

His guilt feelings were alleviated somewhat by his decision, reached sometime during the fourth year of analysis, to change his analyst. The patient felt much more secure in the new therapy, because he no longer was required to lie on a couch, but could sit opposite his doctor, enveloped in the companionable atmosphere of a cloud of cigarette smoke. The second analyst, in contrast to his predecessor, saw the patient's dream churches as religious images. In weekly dialogues, sometimes lasting several hours, in which the analyst took the main part (again in sharp contrast to the Freudian method) the patient was led, under the persuasive burden of evidence of innumerable mythological and ethnological references, to the conviction that religious thoughts and notions in general correspond to a primordial psychic function. He learned to see that there was as much "psychic reality" attached to these as to his sexual fantasies.

The patient seized all too eagerly upon the concept that his religious dreams had their fundamental origin in archetypal structures, common to humankind, in the collective unconscious of his psyche. There ensued the reassuring awareness that his thoughts, which had often seemed peculiar and absurd to him, no longer isolated him from the general company of mankind.

But it was not long before the patient had once more arrived at a static condition. At the end of the second year of this psychotherapy, the analyst explained that he had now taught him everything in his power to teach, and that little could be gained by a continuation of therapy. Henceforth, he added, the patient could rely on his own healthy understanding and need in no way regard

himself as sick or deviant. The patient did his best. He tried to muster a livelier interest in his medical activities and he managed at the same time, through admirable tenacity and conscientiousness, to thoroughly acquaint himself with psychological literature. However, an inexplicable dissatisfaction with himself and with the world in general never left him. He attempted to develop a hobby, in the hope that this would put more meaning into his life. He threw himself into collecting crystal. These precious items, however, only beguiled him into a ceaseless cleaning and polishing of their sparkling surfaces. Within a few months this diversion had mushroomed into a rampant compulsion toward fanatic cleanliness. His clothing, as well, had to appear ever more immaculate, one indispensable detail being a pristine white handkerchief at all times.

He cursed himself for being an overbred aesthete, but his self-condemnation did nothing to help him—or his environment, which bore the brunt of his pedantry.

His search for a third psychotherapist, after a two-year interval, was prompted primarily by an inner lack of direction and an emptiness of feeling that made him regard everything with a jeering and jaundiced eye.

At the onset of the new therapy, the patient let the therapist know that it was only *faute de mieux* that he had once more consulted a psychotherapist; his experience had amply shown him that in psychology everything runs in a closed circle. Astutely, he proved to his analytic partner with a nice clarity that it made no difference, essentially, whether something spiritual, like religious feelings, were regarded as a mere sublimation of an infantile libidinous fixation, or if one thought of it as created and shaped into a psychic function by an assumed (hypothetical) "archetype" in the "collective unconscious." For if one postulates an *A* deducible from a *B* or a *C* or an *X*, one has already debased *A as A* to a derivative, non-autonomous something. Where was there something genuine and real to be found which would make life worth living? Kleist had been thoroughly consistent in taking his own life when, after reading Kant's philosophy of the inscrutability of things in themselves, he saw himself as living in a world of unreal mirages. The world of modern psychologists, he maintained, was several degrees more spectral, for in it one reverted to a concept of "psychic realities" before having demonstrated the existence of a single "psyche."



At this juncture the analysand was advised to try the thing without psychology. He was to lie down as he had done during the first analysis and, without reservation or any regard either for himself or the analyst, say everything that came to his mind—whether thoughts, ideas, fantasies, dreams, memories, emotions, or bodily sensations—however painful, shameful, seemingly out of place, or worthless they seemed to be. The patient was quite taken back by this challenge to clarify his being and find himself without psychology; however, he was willing to forgo further scientific discussion and to comply unquestioningly with the new proposal.

The first major difficulty of his third psychoanalysis appeared about six months after the therapy had begun. The analysand began to dream, almost nightly, of locked toilets, which is always a reliable indication that the person has something to release from the innermost depths of his being but is still disinclined to do so. At first the patient felt only annoyance, for these dreams seemed to take him right back to his first, Freudian analysis, which had at times been characterized by the same sort of nocturnal experience. He was also highly displeased because the "old 'say nothing'" on the part of the doctor had begun again. The psychoanalyst, in accordance with the wise advice of Freud, restricted himself to drawing the patient's attention, in one or two sentences, to the resistiveness, the lockedness, of the toilet doors in his dreams, thereby questioning the inaccessibility of these dirty places for the dreamer. The analyst was prepared to precipitate a stormy resistance to the therapy in this painfully well-bred aesthete, this hyper-clean crystal collector, by rattling at the doors of his locked toilets with his questions. But perhaps he overestimated the capacity of his patient, whose relation to the obtruding fecal sphere and to all "lowly" bodiliness rapidly took on a severely psychotic form once he could no longer ward off these realms of his world by the compulsive collecting and cleaning of "pure" crystal glass.

A dream supplied the prelude to the psychosis. Once again, the patient found himself standing outside the locked door of a toilet. But this time his urge to defecate was so overpowering that he flung himself against the door with all his might and burst it open. But instead of getting through to the toilet, as he had expected, he discovered he was standing in the middle of a large church, directly in front of the baptismal font. A thick rope hung from the vault of the ceiling over the font. It was the rope with which the

sexton tolled the largest bell in the tower. Now at his wit's end, he had no choice but to hoist himself, on the bell rope, high up to the baptismal font where, still clutching the rope, he relieved himself. His bowel movement would not stop; soon he was standing knee-deep in his own stool. He tried to escape the rising mass of excrement by scrambling up the rope to the church tower, but his feet were stuck fast in the feces. And somehow, with all this frantic scrambling, the bell rope had twisted itself inextricably around his neck. Besides this, his frenzied efforts to climb up the rope had meanwhile set the bell in motion in the tower. Worst of all, with each resounding peal of the bell, the rope, in some inexplicable way, wound itself around the revolving axis of the bell, so that, between the tug of the bell rope dragging him upward and the binding mass of feces tightening its hold on his feet, he was rapidly being torn in two. In the agony of this bodily torture he startled out of the dream.

From the moment he awakened, the patient heard "voices" which vilified him in abusive terms, calling him "shitter." Worse even than these "auditory hallucinations," he was distressed by "olfactory hallucinations." Wherever he went there was a noxious stench of sewage and feces. He could scarcely be prevailed upon to eat. In the days that followed, he raged against the analyst for having let him feel the full filth of his bodiliness and having thereby robbed him of his human dignity. In his fury he smashed two large flower vases in the consulting room, dashing one on the floor and hurling the other at the wall, narrowly missing the analyst's head. Before he was through, the whole room was splashed with water and the carpet strewn with bits of flowers and splinters of crockery. His rage having spent itself against the imperturbable calm of his doctor, he ran home weeping, crept into bed, closed his eyes, and lapsed into a catatonic state for two days. Psychiatrically, the whole clinical picture suggested a typical schizophrenic episode, rather than a hysterical one. The analyst stood by his patient now more than ever. He sat with him the whole day long and throughout most of the night; he tube-fed him; and he could not be dissuaded from taking over, alone and with his own hands, the full care of his patient. Forty-eight hours later, as he woke from his stupor, the patient flung his arms round the doctor tempestuously, like a very small child hugs its mother, and called out a hundred times over, "Mummy, Mummy, dear, dear." Then he opened his eyes wide, as

if coming out of a profound sleep. By the end of the next day he had recovered his composure but was still terribly anxious. A few weeks later the therapist could resume the classical psychoanalytic technique, with the patient reclining. The patient thanked him, especially for having accepted him with all his earthy needs and for allowing him to experience, literally for the first time in his life, that one need not be ashamed of one's bodiliness, need not vehemently belie its existence and shut it out of one's sight.

In the initial dream, immediately before the outbreak of his confusion, the patient had been completely overwhelmed by the earthy, excremental realm. This had taken the form of his being stuck in the baptismal font and his panic-stricken efforts to climb out. During the subsequent psychotic waking state, his whole existence was equally absorbed in his relation to the excremental sphere. He was then even less able to relate himself to it as a free and independent self; his relation to sewage had gained such complete sway over him that he was wholly delivered over to the shit realm, his whole being steeped in filth. This condition—his complete lapse into the realm of the excremental—accounted for the fact that he heard, tasted, and smelled only shittiness, that he could perceive nothing but this in everything he encountered, and that he suffered from "auditory and olfactory hallucinations." Such sensory "delusions" cannot be understood in the reverse sense—that is, as derived from a sort of inner affect or from stimuli within a sense organ, or as being localized in a cerebral area from which they are projected (*cf.* pp. 125ff.). They can, however, be understood on the basis of the condition of this whole existence, of its having completely fallen prey to the realm of the excremental. The only thing required, then, was to grant the patient the possibility of returning for a little while to a time before the false switch point in his life history, of withdrawing into the behavior of a small child. This was the relation to the world which, in fact, corresponded to the actual state of his existence. Therefore it was here he could consolidate himself, fairly rapidly, into a genuine self, could reach what he had hitherto failed to achieve—the ability to take over independently and to assume responsibly, all possibilities of relatedness, including relatedness to fecal, earthy realms of the human world. From this time on, he could gain a freer, more open, and more loving relation to ever-broadening regions.

One thing remained very difficult for the patient to forgive. Over and over again, he asked what evil genius had allowed him to commit the blasphemy of bringing his stool into the church and into the baptismal font, of all places?

One question of his analyst helped him at this juncture: Is it not of the very nature of man that he must at all times reconcile himself to his essential state of being spread between heaven and earth? Perhaps it was precisely this tension that had driven him to distraction in his dream and in the subsequent psychotic crisis of his waking life, since he had never permitted either the earthy-excremental nor the heavenly-holy an entry into his world and had never accepted either in its own right. He had thrust them both away and had interposed an irreconcilable, oppositional distance between them and himself. The latter part of this assumption on the part of his doctor was vehemently contested by the patient. After all, he asserted, during his second analysis he had arrived at a comprehensive grasp of the psychic truth of an archetypal divine image in the collective unconscious of the human psyche. The analyst inquired why it was, then, that almost every night he dreamed of church interiors—how did he account for the curious and persistent alternation of these dreams with further excremental dreams and dreams of sexuality? The churches of his dreams were sometimes dark and sometimes luminous, with an unearthly bluish light radiating from the dome. Christ Himself had appeared bodily in a recent dream and had looked at him silently, filled with expectation. Another time he had heard the mighty voice of God reverberating throughout a vast cathedral like a sea of pealing bells, and saying, "I am who I am."

Since the time he had embraced his analyst on waking from the catatonic stupor, he had experienced no further auditory hallucinations in his waking state. The patient could not argue the fact that all his dream experiences were intensely, shatteringly vivid, and sometimes so beatific that they illumined his whole waking life as well. Finally, he had to admit that, with all his deep psychological ideas, he was at bottom utterly helpless in the grip of his religious experiences. In this way he could mature to face the question of why it was that he dared not let these appearances of the heavenly-divine be the immediate realities as which they presented themselves to him. Why did he constantly have to shield

himself from the challenge they offered by switching to a psychological abstraction, such as a hypothetical archetype? While he had been wracked by his excrement dreams and his psychotic confusion, he had not for a moment doubted the immediate reality of bodiliness.

After another six months of analysis, during which, to an increasing extent, the analyst needed only to be there, saying nothing, but open for him, the patient no longer needed to understand objects and fellow humans as enigmatic and ghostly reflections, as mere psychic realities thrust from an inscrutable something into his consciousness by means of sense organs which serve as an archetypal or other sort of refracting lens and are part of a complex psychic telescopic system. Nor did they appear to him as a purely extant something, inaccessible to direct approach and invested with meaning only in the light of world images and world molds [*Weltentwürfe*]. He was able to make room for, and take seriously, everything that came his way, from the most earthy to the most holy, as the immediate intrinsic realities they are, appearing in the light of his *Dasein*. In this way he had gained his freedom and felt himself complete and whole.

For a long while before this, however, he had been constantly tormented by the dream of the Gothic church tower and his anatomy instructor which, during the first stage of his analysis, had been comprehensible only as a symbolically disguised representation of his castrating father. The dream ceased tormenting him only when the patient had become able to dare to let the church tower be the church tower, and the man the anatomy instructor, and to allow both to approach him in their full genuine meaning and content. It dawned on him that a Gothic church tower, in and for itself, is a mighty gesture toward heaven. As he put it, "The church tower directs the gaze of men from far around to the site of God's house."

For a very long time, in fact since the beginning of his medical training, the patient had closed his mind to the beckoning call of the church tower. It was the anatomy instructor, the object of his admiration, who through his enlightenment and cynicism had brought about the collapse of the patient's faith in God. An important life potentiality—namely, his basic religious relationship—had thereby been entombed and buried for the patient. As has been

pointed out, a denial and a closing of oneself to any possibility of behavior brings the failure to attain one's true self and wholeness, and thus man is inevitably left with an indebtedness in regard to what had been originally entrusted to him. All guilt feelings are deeply rooted in this indebtedness, however multifarious the guises and disguises in which they may appear (*cf.* p. 48). This indebtedness also underlay the guilt feelings of our patient. The original and ultimate cause for their emergence was his evasion of his full bodily as well as religious possibilities of behavior. But he had not fled merely from an encounter with a psychological symbol of libidinous or archetypal nature. He had closed himself to the very disclosure of the earthy and the divine itself in their whole immediacy.

About eleven years have passed since the menacing psychotic incident which this analysand went through during the final section of his analysis. He has since married and had four children. The marriage is an unusually animated one which has brought abundant human enrichment to both partners. In his profession he is known as a man of more than ordinary willingness and capacity for work who radiates a warm cordiality and an imperturbable cheerfulness. He himself is thankful for each new day, because the slightest perception, the smallest act, has acquired new and richer meaning for him.

Not long ago this exceptionally intelligent and emotionally highly differentiated man attempted, in a letter to his third analyst, to explain why he had failed to get further in his two previous analyses. The fecal sphere already occupied him tremendously in the first analysis, and it certainly could not be said of the first analyst that he had failed to draw his patient's attention to the prevailing anality of his dreams. "I didn't dare, however," he wrote,

to let myself go into this area of filth without reservation, because I somehow sensed from the beginning that the spiritual, religious sphere had no sustaining strength for my analyst. He continually tried to reduce my dream churches to genital symbols. The entire domain of the holy seemed to him to be merely a sort of sublimated haze. That explains why there was no rope in the psychic compass of that first analytic situation, like the one fastened to the ceiling in my church-excrement dream, to which I could cling and anchor myself in my descent into the earthy, fecal region. The danger was far too imminent that I would be plunged into filth and chaos beyond recall. I must admit that it's only quite recently

that I've been able to see this clearly. I'm quite convinced, though, that this was the reason for the first failure.

I think of the time I spent with my second analyst as a very pleasant sojourn in an elegant roof garden, decked with flowers and well fenced in, atop an American skyscraper. Not the faintest breath of the buried earth could penetrate the asphalt layers of the streets below to reach me at that height. Not a single fecal dream turned up in those two years, and in the psychotherapeutic discussions we were miles from the small-child state to which I was hurtled back in that confusion I experienced when I was with you. It was only through it, though, that I could find my rebirth and reach the starting point of my way to maturity. Since everything below remained sealed over, I could not genuinely expand upward either. It is only now that I fully understand how it was that during the last part of the analysis, with you, there was a continuous interweaving of sexual and excremental themes with the religious experiences which gripped me so profoundly. Didn't Nietzsche say somewhere, "The higher one will ascend toward heaven, the deeper must one first sink one's roots in the earth, if one is not to be blown over by the first wind that comes along?"

This letter, revealing as it is of highly significant psychotherapeutic relationships, still leaves us with the question of how it is that many patients become demonstrably better even when they are led by their analysts merely to an intellectual grasp of symbols of one sort or another. A possible answer, at the present stage of our understanding, could perhaps be that for some people the full and immediate reality of the phenomena so approached penetrates, somehow, all the screening layers of psychological theorizing in such interpretations. The likelihood of this increases if the analyst himself, in his human intercourse with his patient (not deliberately, to be sure, but in point of fact), is likewise open for the undissembled content of things as they are.

Recovery remains far less a matter of chance, however, if the healing agent of human understanding, Daseinsanalytically deepened and brought to a richer development, shows itself as a deliberate change in the analyst himself. Freud's experience taught us that a prerequisite of psychoanalytic therapy is the "purification" of the analyst through his training analysis. If, through years of earnest effort beyond the scope of the previous psychological theories, the Daseinsanalyst gains insight into the world-disclosing essence of man, he will derive more and more joy from the responsibility entrusted to him and the dignity of the existence loaned to him as a

human being. At the same time he will be able, in correspondingly increased measure, to help many a patient beyond the relief of symptoms to participation in a human freedom and openness, the dimensions of which vastly transcend the conceptions of a "psyche," a "subjectivity," or a "personality."

## Conclusion

Analysis of *Dasein* makes it possible to discover what psychoanalytic therapy essentially is. In the light of Daseinsanalytic reflection, psychoanalytic endeavor becomes transparent to the fullest possible extent and, most important, the therapeutic potentialities of psychoanalysis become fully accessible. Analysis of *Dasein* is able to render this invaluable service to psychoanalysis because the understanding of man which is explicit in analysis of *Dasein* has been present, if only implicitly, in psychoanalytic *therapy*, and has secretly guided it from its very beginning, in spite of the mechanistic *theory* of psychoanalysis. Daseinsanalytic insight into the basic condition of human being makes it possible to recognize the inadequacy of the secondary, "speculative superstructure" of psychoanalytic theory, an edifice which, according to Freud himself, can be discarded without damaging psychoanalysis as such.

Because this relationship exists between Daseinsanalysis and psychoanalysis, the former could never set itself up in opposition to the latter as another method of research in psychopathology, and certainly not as a new and hostile "school" of psychotherapy. On the contrary, the understanding of man discovered by analysis of *Dasein* makes it more certain than anything else could that, with only a few—though decisive—corrections, no other psychotherapeutic procedure but that of psychoanalytic *practice* is capable of helping man to break through to, and to carry out, his authentic and wholesome being-wholly-himself. The Daseinsanalyst need not, and cannot, introduce any new turns of phrase into the language he uses with his analysands. On the contrary, analysis of *Dasein* is a powerful directive to get rid of all theoretical artifacts. With the support of analysis of *Dasein* we can discover even more certainly the solid base which enables us to know how to gain an adequate

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psychotherapeutic attitude toward our patients. Then we are in a position to carry out Freud's unsurpassed practical recommendations for the physician consistently and to their fullest extent—more fully even than Freud himself, whose unexamined philosophical presuppositions stood in his way. We can do so because analysis of *Dasein* restores to us, above all, a deep respect for the full, specific, and immediately accessible essential meaning and content of all immediately perceptible phenomena. For only such respect enables us to perceive and to accept—without bias, without reservations, and without the distortions of our own intellectual or theoretical prejudices or of our personal affective censorship—everything we hear from, or see in, our analysands. Only analysis of *Dasein* enables us to recognize all encountered things as what they are—foci of referential connections encompassing heaven and earth, the human and the divine. This respect for everything that shows itself stems directly from the deepest and most decisive insight of analysis of *Dasein*: man's conscience incessantly calls out to him to take care that everything he encounters unfolds to its fullest possible extent. For man is the realm of lumination claimed by Being-ness, the realm into which particular beings may come forth into their being, shine forth, and appear as the phenomena which they are.

Finally, psychoanalytic practice and Daseinsanalysis agree also in that neither is an "analysis" in the sense the term has today in exact science. Neither wants to dissect that which it analyzes—man—into its component parts so that a synthesis becomes necessary after the work has been done. Rather, the aim of both is to make human being transparent as to its structure and articulation. This is the original, ancient meaning of the Greek word "analysis." Articulation is possible only in the context of a whole that has been left intact; all articulation, as such, derives from wholeness.

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